PHILADELPHIA, JUNE 2, 1883.

ORIGINAL LECTURES.

DISEASES OF THE KIDNEYS.

A Series of Lectures delivered before the Medical Class of the University of Pennsylvania

BY WILLIAM PEPPER, M.D., LL.D.,

Provost and Professor of Clinical Medicine in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M.D.

II.

ALBUMEN—ITS TESTS AND SIGNIFICANCE—TESTS FOR SUGAR—MICROSCOPICAL EXAMINATION—CRYSTALLINE DEPOSITS—TUBE-CASTS.

GENTLEMEN,—At the last lecture I spoke to you of the proper modes of examining the urine. I had spoken of the presence of bile, and was about to refer to other abnormal ingredients, when the hour closed. There are two of these, the presence or absence of which should be determined in every case. These are albumen and sugar, the former especially. As so many specimens of urine contain albumen, and as there is nothing about the naked-eye appearance to indicate its presence, it is not pardonable, in any case whatsoever, to fail to test the urine for albumen. As I have so frequently said to you in connection with the examination of patients, I am sure that you will never arrive at any degree of accuracy in your diagnosis unless you adopt the inflexible rule of examining the urine of every individual who consults you, no matter what may be the symptoms present. If you wait for the patient to complain of some symptom which directs your attention to the kidneys, you will overlook the presence of albumen in at least one-half of all the cases where it exists. The importance of this examination is every day more strongly impressed upon me. I am certain that not a week—I might almost say, not a day—passes wherein I do not come across some case which has been treated for this, that, or the other condition, in which the diagnosis would have been rendered perfectly clear by examining the urine for albumen. I say, therefore, that it is our bounden duty to examine the urine in each and every case, no matter what may be the symptoms present.

There are a great many tests for albumen in the urine, but I think that it is not worth while to know more than two or three. It is best to be familiar with a few simple methods, and then, if you meet with obscurity, you can look in your books for other methods by which to check the results. You are all acquainted with the common test, which consists in boiling the urine, by which any albumen that is present will, under ordinary circumstances, be precipitated. In using this test you pour into a clean test-tube a small quantity of urine, filling the tube about one inch from the bottom. I test this sample of urine in this way, and you observe that a faint opalescence is produced on boiling. You must not expect in every case of albuminuria to find a considerable deposit. A slight deposit is as apt to be indicative of grave disease as a heavy coagulum. No one is likely to overlook a large amount of albumen, but small quantities are constantly overlooked.

You are, however, aware that a precipitate formed by boiling urine is not of necessity albumen. It may be phosphates; and, in order to settle this question, a little acid (commonly nitric) is to be added to the boiled urine. If the precipitate consists of phosphates, it will be re-dissolved, and the urine will be rendered clear; if the precipitate is albumen, the acid will have no effect upon it. In this specimen the precipitate immediately disappears on the addition of a drop of nitric acid. It was, therefore, due to phosphates. Hence you are never to conclude from boiling alone that albumen is present, but the test is to be checked by the use of acid. Again, in some cases albumen may be present and not be precipitated by boiling; the urine remains perfectly clear, and the albumen will not be precipitated until an acid is added. This is sometimes dependent on an alkaline state of the urine, and sometimes it seems to be due to a modification of the albumen itself.

You will observe, therefore, that the boiling test is subject to two uncertainties. In the first place, it may produce a cloudiness even if albumen is absent, this cloud being due to phosphates; in the second place, it may cause no precipitate, although albumen is present. Consequently, in either case, you will not be satisfied until you have added an acid.

I can further illustrate this by another specimen, which has become turbid. Be-

fore applying the tests for albumen, you should determine with your eye the exact amount of turbidity, in order that you may judge whether or not the urine is made more turbid by boiling. It is often difficult to decide whether the turbidity is or is not increased, so that in doubtful cases you will first filter the urine. Boiling of this turbid urine gives no indication of the presence of albumen, but when I acidulate it while boiling it becomes opaque at once from a precipitation of albumen.

Both of these specimens were taken haphazard, but they illustrate just what I have been saying. You note that this urine, which has become turbid from long standing, did not throw down phosphates on boiling, and its alkalinity is therefore probably due to the presence of ammonia.

This leads us to recognize the desirability of having another test for albumen in the urine. We have a second one in the use of nitric acid to unboiled urine. It is applied in the following manner: a small quantity of urine is placed in a test-tube, held slanting, and a little nitric acid is allowed to run down the side of the tube so as to gravitate to the dependent angle. At the line where the acid joins the urine, there will, if albumen be present, be an opaque ring formed. In this specimen the ring is as thick as a nickel penny. This test is very delicate, and, as it is easily applied, should always be employed to check the results obtained by boiling and nitric acid. There are a great many other tests for albumen; but our safety does not lie in the number of tests we employ, but in the accuracy with which we apply the few with which we are familiar.

The significance of albumen in the urine is one of the most difficult problems in practical medicine. It is present in so many different conditions where the kidneys are and where the kidneys are not diseased that it would require much more time than we have at our disposal to discuss them all.

We should, in the first place, determine whether albumen is present in large or small amounts; in the second place, whether it is present constantly, or present transiently; and, in the third place, whether or not there are associated with it any other evidences of organic disease of the kidneys.

In deciding as to the amount of albumen, the common method is to take a slender test-tube, place in it a certain quantity of urine, boil, add nitric acid, and allow the precipitate to settle for twelve or twenty-four hours. We then measure the height of the column of urine and that of the coagulum, and estimate what proportion of the urine is occupied by the albumen. In a highly albuminous urine the precipitate of albumen will occupy twenty-five per cent. of the bulk of urine. It may even be more than fifty per cent. In such a case, after boiling and adding nitric acid, the test-tube may be inverted without its contents escaping. A *highly albuminous* urine, we may say, contains from twenty per cent. to twenty-five per cent. and upwards of albumen. A *decidedly albuminous* urine contains about ten per cent. *Slightly albuminous* urine contains from two to five per cent. A *mere trace* of albumen is found as a delicate film at the bottom of the tube. These are the terms which are employed to describe the relative amounts of albumen. You will, of course, understand that these proportions do not represent the actual amounts of albumen. If you desire the exact amounts, it is necessary to filter the urine from which the albumen has been precipitated, and carefully dry and weigh the residue. You will then be surprised to find how small a proportion of albumen is really present even in highly albuminous urine. One-half per cent. would be a large amount, one per cent. would be very large, and two per cent. would be unusually large. The great part of the bulk of the moist precipitate is due to the urine which is retained in the meshes of the coagulum, and the water which enters into the composition of albumen.

The next question is, whether the albumen is transient or permanent. There are border-line cases, where the patient has no organic disease of the kidney, where there is not even any serious functional disturbance of the kidney, and yet where the kidneys are unable to separate the amount of albumen which enters from the blood after a hearty meal of albuminoids, or after a great deal of muscular exercise. Just before coming here I saw, in consultation, a case where exactly this question came up. A young gentleman had been taking a tour in Switzerland. He had been travelling a great deal on horseback, and, where he could not do this, walking. After a time he began to suffer with vague pains in the limbs. He applied to a physician, who on examining the urine found albumen. I examined the urine, but found no albumen.

The physician who has charge of the case found it in two out of five samples examined. Here is a case where the urine is occasionally albuminous. In order to determine the significance of its presence, we have ordered this patient to furnish specimens collected after rest and after exercise, and at different periods of the day. If necessary, the diet will be changed and the effect of the change noted. In this case, as in others you will meet with, the occasional presence of a small amount of albumen is possibly compatible with health. I warn you not to consider that the presence of a small amount of albumen is conclusive evidence of serious organic disease or even of severe congestive disturbance of the kidney. If the amount of albumen be small, and if on microscopical examination no evidence of structural change is found, you should ask for other specimens, taken at different periods of the day, in order that by their examination you may check the results of the previous test.

I must allude here to the familiar fact that when the urine contains pus there will always be a demonstrable amount of albumen in the secretion. By carefully noting the amount of pus present, and the proportion of albumen, a tolerably correct estimate can be formed as to whether the albumen can be attributed solely to the pus present, or whether it is necessary to assume that, in addition to that which comes from this source, there is albuminuria from some renal disorder.

Persistent albuminuria is a very significant condition,—significant of renal congestion or organic change. Transient albuminuria is much less likely to be so. You must, however, remember that in interstitial nephritis—*i.e.*, chronic contracted kidney—albumen is occasionally absent. In the other forms of organic disease (Bright's disease) albuminuria is persistent.

Lastly, we are to observe whether or not the presence of albumen is associated with other evidences of organic change in the kidney, as shown by microscopical examination. In no case where there is even the slightest trace of albumen should a careful microscopical examination be neglected. When I come to speak of the congestive conditions of the kidneys and of functional albuminuria from various disturbed conditions of health, I shall point out to you that, as a rule, there are to be found in these affections no tube-casts and not even degenerated epithelium; while, on the other hand, if the albuminuria is dependent on organic disease of the kidney, we do find, as a part of the sediment, renal epithelium and tube-casts of various kinds. The presence of these with albuminuria constitutes a positive proof of structural change in the kidney. Hence, no matter how small the proportion of albumen, no matter whether it be transient or permanent, a microscopical examination of the sediment is in every case obligatory. No one is fit to practise physic to-day who does not know how to test the urine chemically and who has not a microscope in his office and is competent to examine the sediment of the urine. A man who undertakes to treat any case without these appliances is as criminal as the captain who puts to sea without lifeboats and life-preservers. By a neglect of this matter you fail to do your duty, and may forfeit the lives of those who, in blind confidence, put themselves under your care. The vast majority of physicians in the United States to-day are incompetent to test the urine and are ignorant of the use of the microscope. Not a week passes without my seeing fatal results from such ignorance.

The next abnormal ingredient in the urine to which I shall ask attention is sugar. Sugar in the urine is frequently met with, but is not so common as albumen. The presence of albumen in the urine is not indicated by any change in the specific gravity. This may vary between 1.005 and 1.035; but when sugar is present we may be led to suspect its presence from an unusually high specific gravity. This, however, is not constant. Urine having a specific gravity of 1.010 or 1.020 may be saccharine.

The presence of sugar is recognized by a number of tests, of which I shall mention only one. If you wish more, you can obtain them from your books. One good test is sufficient. As I stated last week, saccharine urine is often of light color, but this is not at all constant. The test for sugar which I prefer is Fehling's test solution, which depends on the principle that if to a hot alkaline solution of sulphate of copper a saccharine liquid be added, the deoxidizing power of sugar will cause a precipitate of the fawn-colored suboxide of copper. I shall apply this test to the urine in which we found phosphates.

It is not often that you see urine as pale as this. It is almost as clear as water; but it has a specific gravity of 1.030. I first boil a small quantity of freshly-prepared Fehling's solution. It is desirable to add the suspected urine in small amounts, since we can form some estimate of the amount of sugar from noting the number of drops necessary to produce a reaction. In this case one drop produces a heavy deposit of the suboxide of copper. The test with subnitrate of bismuth is valuable as a check upon this, and the fermentation test is useful in cases of doubt. It is so easy to test the urine for sugar at the same time that you are examining it for albumen that I think it is well for you to accustom yourselves to making this examination in every case. You should establish a regular routine in these examinations: get an idea of the amount, note the color, take the specific gravity, observe the reaction, and apply the tests for albumen and for sugar. All this is done in a short time.

You then proceed to note that which is of equal importance,—*i.e.*, the microscopical examination of the sediment. For this purpose some urine is poured into a test-tube, or, better, into a conical glass, and allowed to stand ten, twelve, or twenty-four hours. If it is kept for a long time, it should be put in a cool place to prevent decomposition. The mode of examining is very simple, but it must be done with care. A thoroughly clean slide and cover are to be prepared; then, with a clean pipette, a small amount of the sediment is to be obtained. The excess of liquid is to be wiped from the sides of the pipette, and a drop is to be placed on the slide. The cover is then applied so as to exclude all bubbles of air, and any excess of urine is carefully absorbed. One well-prepared slide will usually give all the important characters of a urinary sediment. The substances for which we look are, in the first place, crystalline deposits. I have not time to show you drawings of the different forms, but you can readily obtain them. There are three varieties that we especially look for. These are phosphates, uric acid and urates, and oxalate of lime. All these have a practical bearing. In the second place there are other abnormal deposits which we should study, such as spermatozoa, mucus, leucocytes, blood, epithelium, tube-casts, and various forms of bacteria.

I wish to call your attention to the importance of becoming familiar with the appearance of mucin shreds and mucin cylinders, for they will often confuse you, and may be mistaken for tube-casts. A careful study of the characters of true tube-casts and of the stringy mucus which forms in prostatic irritation and vesical trouble will soon enable you to distinguish one from the other. Mucin shreds are of no practical importance, but tube-casts are of the gravest importance, and their recognition is therefore very desirable. Next in importance come pus- and blood-corpuscles. Lastly, we have tube-casts of various kinds. Tube-casts are divided into hyaline, or clear glassy-like casts; epithelial casts, more or less composed of epithelial cells, which may be embedded in hyaline matter, or apparently the entire cast may be made up of epithelial cells; granular casts, in which the epithelium composing the cast has broken down into a granular débris, or where the hyaline matter has become granular; and fatty casts, in which a large quantity of fat granules and globules are observed.

These are the deposits which are to be looked for in the sediment, and a very little study will enable you to recognize their presence with the greatest ease. In your notes of cases it is desirable to accustom yourself to putting down all those things which are seen, so that you will understand that the failure to note a certain thing implies its absence.

In cases where you have found albumen in the urine you should examine the urine under the microscope until you find tube-casts, or until you have examined ten slides, before concluding that no tube-casts are present.

Uric Acid and Urates.—Urine of a high specific gravity, throwing down a large deposit of urates and uric acid, is an evidence of the lithic or uric acid diathesis. This diathesis is connected with acid dyspepsia, and is usually one of the expressions of gout; in fact, it lies at the root of gout. It is a result of the inability on the part of the stomach, liver, and kidneys to elaborate certain elements of the food into their proper chemical form, and the system is therefore surcharged with these imperfectly-elaborated compounds, uric acid, urates, etc. This condition tends to the production of stone in the bladder, and is often associated with a tendency to the formation of

biliary calculi, as the bile is apt to be unusually thick and loaded with insoluble matters. It is also closely associated with the manifestations of rheumatism and gout, but not necessarily with explosive attacks of acute inflammation of the toe-joint, but with the great group of irregular manifestations of suppressed, latent, or irregular gout, which are of very common occurrence in this country, although fully-developed gouty paroxysms are comparatively rare. You will overlook the nature of many cases and fail in their treatment if you do not connect symptoms of dyspepsia, of deranged hepatic action, of vague rheumatic or neuralgic pains, or of nervous troubles, with urine of a high specific gravity and loaded with urate and uric acid and dependent upon the existence of this uric acid diathesis.

Such cases require for their treatment a carefully-regulated and digestible diet. As in every other constitutional condition, the individual peculiarities of the patient are to be studied far more than the individual disease. Some say that the best results are obtained from the use of a non-nitrogenous diet, while others claim that a nitrogenous diet is the best. The truth is, that the condition of the digestion and the effect of the diet on the urine and the symptoms in individual cases constitute the guide to the proper diet. The dietetic treatment of such cases is *the* treatment. The utmost vigor of the secreting organs should be maintained and prompted, and the conversion of effete matters into easily-excreted products should be facilitated by correct hygiene and by suitable exercise. The medicinal treatment consists in the use of alkaline mineral waters, to increase the secretions of the liver and intestinal canal, and of bitter tonics and the mineral acids, to improve the condition of the digestion.

The constant presence of oxalate of lime in considerable amount in the urine denotes a condition called oxaluria, with which dyspepsia and nervous depression are often associated. This association has been assumed in many works to be more constant than it really is, and oxaluria has come to be regarded as almost synonymous with hypochondriasis, a disposition to melancholy, and with morbid depression of spirits and perversion of character. This has been carried so far that the detection of these crystals in the urine has been held to be a sufficient plea for criminal acts on the part of the patient. Oxalate of lime is present in the urine as a normal ingredient in small amounts; the amount becomes larger after the ingestion of certain articles of food, and especially after the use of certain vegetables. These crystals are very irritating to the urinary passages. When oxalate of lime is present in excess in the urine, it indicates and is often associated with marked indigestion, and with that type of irregular symptoms which I have before described as a part of the symptoms of lithiasis. I hold that this is a modification of the uric acid diathesis, and its treatment embraces the same hygienic, dietetic, and medicinal principles that have already been referred to in speaking of the latter.

Phosphatic Salts.—These are very often deposited in the urine. Phosphuria or phosphoric acid diathesis are the terms used to indicate the state of the system in which there is an excess of phosphates formed and discharged from the kidneys. It has been commonly held that, as the derivatives of phosphorus enter in a large proportion into the structure of the nervous system, there is some special connection between nervous exhaustion and prostration and the phosphoric acid diathesis, and that the presence in the urine of a large amount of phosphates is an indication that the nervous tissue is disintegrating rapidly. As with all chemical theories, when you come to apply it to such a complicated subject as that of a living body, this theory is exceedingly partial in its truth. In softening of the brain, in nervous prostration, and after protracted mental exhaustion or strain, the urine does become charged with phosphates; but it is also true that excess of phosphates is found in many other diseases, and is not found in many cases of grave nervous disorder. There cannot be said to be any constant relation between the two; but I think if phosphuria is found as a constant condition we should search with more care for any cause of nerve-strain, irritation, or exhaustion. Particularly would I connect this condition with sexual excesses. It is often associated with atonic dyspepsia,—not with acid dyspepsia, as is the uric acid diathesis. It is also often associated with catarrhal states of the mucous membranes, particularly with catarrh of the genito-urinary mucous membrane, and the phosphates enter into the formation of many calculi.

This diathesis is to be treated by attention to hygiene and diet and by remedies for the relief of the nervous or atonic dyspepsia. Nutrients and tonics, such as iron, arsenic, mineral acids, and bitter tonics, are of service in these cases.

TRANSLATIONS.

A Case of Subacute Sarcomatous Peritonitis.—Dr. E. Gaucher records (*La France Médicale*, No 37) a very rare if not unique case of primary diffuse sarcomatous disease of the entire peritoneum, with autopsy. The patient was a man, 27 years of age, who for two months previous to applying for treatment had suffered with a profuse diarrhœa; he had noticed that occasionally the discharges contained blood. He emaciated greatly and became quite weak, so that he was obliged to discontinue work. About a week before coming under observation, he observed that his abdomen began to swell quite rapidly, and a few days later his legs became œdematous. The abdomen was very much swollen; it was dense and resisting, but gave a tympanitic note on percussion at first, which afterwards yielded to dulness as the effusion became more abundant; there was considerable pain complained of, and abdominal tenderness was everywhere present. A few days later the effusion was so abundant as to embarrass respiration, and finally threatened suffocation. By aspiration 800 cc. (27 fluidounces) of a bloody fluid were removed, with great relief to the patient, who nevertheless perished three hours later.

At the autopsy, the peritoneum, both visceral and parietal, and throughout its entire extent, was literally covered by red, proliferative, raspberry-like granulations, apparently cancerous, but there was no aggregation, and no tumor properly speaking, nor was there found any malignant disease of the viscera nor enlarged lymphatics. The lungs were perfectly healthy. Under the microscope the granulations were found to be made up entirely of embryoplastic ganglia (or embryonic tissue) pressed together, and supported here and there by delicate trabeculæ; the spaces contained a large number of vessels of recent formation. The growth was therefore declared to be globo-cellular sarcoma. Other cases of sarcoma of the peritoneum, even of primary sarcoma, have been reported, but the neoplasm in all constituted masses more or less circumscribed and limited, forming tumors; they also presented during life the chronic march of cancer; but this variety of diffuse primary sarcoma of the peritoneum, involving the entire extent of this structure, in its clinical history presented many analogies with tubercular peritonitis, so that in such cases an error in diagnosis seems almost inevitable, at least until aspiration reveals a bloody ascites which under the microscope contains blood-elements, with possibly some of the fragments of the growth.

Bulbar Myelitis.—Two cases of acute myelitis limited to the medulla oblongata are reported by P. Etter (*Schweizer Aerztliches Centralblatt*, Nos. 23 and 24, 1882). One recovered; the other died, and the diagnosis was confirmed by autopsy. The first patient was a girl, 27 years old, who was taken with strabismus, and in a few days with paralysis of the oculo-motorius, abducens, and trochlearis on both sides, with weakness of facials and of both accessorii, and inability to swallow. There was increasing weakness of vision, not improved by glasses, although the field of vision was normal, and the ophthalmoscopic examination negative. The extremities and the trigeminus were not affected. After two weeks the symptoms began to improve, and a month later there only remained a slight failure of accommodation, which subsequently disappeared.

The second case was a boy, 15 years of age. The first symptoms were headache, chills, and vomiting, difficulty in swallowing, weakness of facial muscles and in the tongue. Later there was paralysis of the soft palate, and on the eighth day, besides paralysis of the left abducens, there was loss of power in the glottis and in the muscles of the neck and throat; finally swallowing became impossible, and artificial feeding was resorted to. The patient died on the tenth day, from pneumonia. The extremities to the last remained unaffected. At the autopsy numerous foci were found in the medulla oblongata, affecting the nuclei of the roots of the nerves that during life were paralyzed.—*Centralblatt für Med. Wissensch.*, No. 13.

The death of M. Martin-Damourette, the well-known French therapeutist, is announced. He was 61 years old.

AMERICAN SURGICAL ASSOCIATION.

A LARGE and successful meeting, being the Fourth Annual Convention of the American Surgical Association, was held at Cincinnati, May 31 and June 1 and 2, Prof. S. D. Gross, of Philadelphia, President of the Association, occupying the chair.

The first day's session began at ten o'clock, the President reading a brief annual address, congratulating the Association upon its rapid growth and present prosperity, upon the fact that there had been no losses by death during the year, and recommending the adoption of an amendment to the By-laws increasing the limit of membership from one hundred to one hundred and fifty, and also enlarging the Council from four members to seven.

Dr. P. S. Conner, Chairman of the Committee on Reception, delivered a brief address of welcome, and invited the Fellows to attend the annual banquet at the Gibson House, at 8.30 P.M., June 1, at the close of the second day's session.

The Secretary, Dr. J. R. Weist, read the minutes of the previous meeting, at Philadelphia, which were adopted.

The President asked that the Council act at once upon nominations for Fellowship, in order that the new members might take part in the meetings. It was announced that only eleven vacancies existed. In the absence of Dr. Cole, one of the members of the Council, Dr. Moore, of Rochester, was appointed temporarily to act in his place.

The Secretary read a letter from the venerable Prof. Willard Parker, of New York, acknowledging the honor conferred upon him by the Association in electing him to a Fellowship, which he accepted with pleasure, expressing the hope that the Association might soon cease to be migratory and have a fixed place of meeting.

The Treasurer, Dr. John H. Packard, presented his report, showing a balance on hand of $2270.31, and asked that an auditing committee be appointed. The President named Drs. Mears and Benham as auditors of the accounts.

Dr. Chas. B. Nancrede read a paper in reply to the query, "*Have we any Therapeutic Means, as proven by Experiment, which directly affect the Local Processes of Inflammation?*" From a series of experiments of the local vascular and blood changes following the application of irritants to the web of a frog's foot, and the effects upon this traumatic inflammation of the abstraction of blood, he was able to arrive at positive conclusions, and to answer the question in the affirmative,—that local bleeding offers advantages in the treatment of local inflammations unequalled by any magistral remedy. He formulated his conclusions as follows:

"1. During the stage of dilated arteries, with increased rapidity of the current, but little danger of capillary changes, with exudation, need be apprehended, and here perhaps ergot, certainly arterial sedatives, do good, either directly or indirectly, without blood-letting, by reducing the size of the arterioles and the rapidity of the current, thus allowing the veins of the obstructed area time to empty themselves, even of an unaccustomed amount of blood. Thus, if vascular pressure changes have taken place, the vessels have an opportunity to return to the norm.

"2. After stasis has occurred, or is occurring, weakening of the heart's action and a diminished volume of the current, bleeding can do nothing but harm to the inflamed area, although, for the reasons given, it *may* prevent extension of the inflammation in the circumjacent parts, which are merely in the earliest stages of congestion.

"3. The results to be sought, and which are secured by local blood-letting, are removal of the blood on the venous side, so that the vessels cannot only empty themselves, but a certain amount of *vis a fronte—i.e.*, aspiration—is invoked: this secondarily results in not only a temporary return to the norm on the arterial side, but an increased rapidity and—here is an important point—lessened force of the circulation. The acceleration of rate, without weakened force of the circulation, would further damage the vessels; instead of which the increased rate of the current merely serves to sweep out the accumulated red blood-cells, the cause of the excess of oxygen and the consequent cell-infiltration. The vehement current also induces a rapid resorption of the effused liquor sanguinis, at once the stimulator to growth and the food of the cells. The latter advantage is not founded on theory alone, for it is a matter of common observation that the mere amount of blood abstracted produces no sensible effects on an inflamed breast, for instance, but in a few hours the skin, if carefully examined, has become wrinkled and the whole organ shrunken. This effect is secondary to the loss of blood, and chiefly results from the absorption of the inflammatory exudate.

"4. Arterial sedatives in the latter stages are usually inadmissible, except as succedanea to blood-letting, as far as the focus of inflammation is concerned. The surrounding parts, which are merely congested, may be benefited by their exhibition. *After* blood-letting they act favorably, because, when the stasis has been overcome, they lessen intra-vascular pressure, and thus permit the blood-vessels to recover their normal condition. They also alleviate pain by lessening the bulk of blood in the part; *i.e.*, they relieve nerve-pressure."

As before intimated, this essay was merely little more than a few notes on the effects of local blood-letting: it does not pretend to

cover the extended field of either the local or general treatment of inflammation. He hoped that it might stimulate discussion upon a useful though neglected remedy.

In the discussion of Dr. Nancrede's paper his investigations were referred to in the highest terms of commendation, as affording a scientific basis for the use of bleeding in organic, especially traumatic, inflammations, and affording more precise indications for the employment of this powerful therapeutic agent. Remarks were made by the President, Prof. Gross, and Drs. Campbell, of Georgia, Moore, of Rochester, Post, of New York, Kinloch, of Charleston, South Carolina, Gunn, of Chicago, Briggs, of Nashville, Tennessee, Gregory, of St. Louis, and Nancrede in closing the discussion.

Dr. B. A. Watson, of Jersey City, read a paper on "*Lister's System of Aseptic Wound-Treatment*, versus *its Modifications*."

Dr. Watson referred to Redi's experiments in 1668, which first demonstrated the truth that maggots are not spontaneously generated in wounds. It was he who formulated the remarkable hypothesis, "no life without antecedent life." The experimental studies of Vallisnieri, Swammerdam, Réaumur, Schroeder, Dusch, Pasteur, Beale, Tyndall, and others have finally banished the idea of spontaneous development, and have shown that fermentation and putrefaction *can only be produced* by living germs. Furthermore, they have also pointed out the conditions required for their growth and multiplication, the various methods by which they are carried, and the means by which their destruction may be accomplished. Connected with this are the observations made by surgeons with regard to the effects of air upon wounds. Galen declared that the action of air is often injurious, and even dangerous, to wounds, on account of the heterogeneous substances which it contains. Similar views have been expressed by Guy de Chauliac, Ambrose Paré, Magatus, Wiseman, Billoste, Pibrac, J. L. Pettit, A. Munroe, John Bell, Saucerotte, Dedalot, Lafflize, Champeau, Camper, Lombard, Boyer, and others. Delpech performed tenotomy subcutaneously for the first time, May 19, 1819. In the object he sought to attain—the protection of the wound in the tendon from the injurious action arising from contact with the air—he was perfectly successful. Dupuytren performed subcutaneous myotomy in 1822; Stromeyer modified and improved Delpech's operation in 1831; and Dieffenbach published in 1835 (*Archives Générales de Médecine*) an account of numerous and remarkable successes he had obtained. Duval, Bouvier, and Jules Guérin each contributed to perfect subcutaneous operations. The remarkable success attending the subcutaneous operations, the absence of inflammation and suppuration, and the rapidity of healing favor the idea that the air contains some deleterious agent, which exerts an unfavorable influence on all open wounds. A similar conclusion is favored by a contrast between the results from simple or even comminuted fractures, as compared with a compound fracture, which always endangers life.

Lister's treatment is based upon the following conditions:

First, the continued exclusion from wounds of all living germs, or the prompt destruction of the same in those cases where they have gained admission, thus preserving in the wound an absolutely aseptic condition until it has healed.

Second, complete and uninterrupted approximation of the wound-surfaces.

Third, the avoidance of all irritation or any disturbance of relation of the wounded parts.

In reply to the query, Does the Lister system of treatment fulfil these indications and thereby secure the above-mentioned desirable results? Dr. Watson stated that "it must be admitted that every recognized scientific principle involved in this practice has been thoroughly examined, carefully studied, and fully recorded," and "it is possible to render *completely aseptic* nearly *all wounds* and to preserve them in this condition during the entire reparative process by the means employed in the Lister treatment." This is not *an empirical method*, but a *complete* system of practice, based on well-known scientific principles and facts, in which respect it differs widely from all its so-called modifications. The Lister system of wound-treatment is limited in its applicability to certain classes of wounds; and under certain conditions "the effects of unfavorable hygienic surroundings are certainly less to be feared than under other circumstances, and the same is unquestionably true of the other wound-complications." During the last fifteen years the influence of the doctrines of Lister has been gradually extending, until the old methods of wound-treatment are no longer employed, except when modified or improved by engrafting upon them certain parts of the Lister system, and many are based essentially upon it. This system now includes (Cheyne, "Antiseptic Surgery") "all those methods of wound-treatment in which, wittingly or otherwise, the growth and fermentative action of the lower forms of organism (bacteria) are more or less impeded." In this sense it has only required fifteen years for the essential principles of Listerism to become incorporated into the practice of all the surgeons in Christendom. The opposition to Listerism is entirely maintained by those who have never practised this system, or those who have abandoned it in part, as Mr. Keith, who has given up the spray. But other means may be adopted to prevent wound-contamination, without yielding the essentials of the Lister system of treatment. The objection that the spray is annoying to spec-

tators is a frivolous one, and ought never to be urged when a human life is at stake.

In conclusion, the author discusses the so-called modification offered by Dr. Markoe, of New York, in his paper on "The Thorough Drainage of Wounds" (*American Journal of the Medical Sciences*, 1880), and asserts that the modification is insufficient to accomplish the desired results, and will not prevent or arrest inflammation, although it may exert a beneficial and restraining influence upon it. The proposed systematic irrigation of recent wounds was pronounced to be bad surgery. "We are now satisfied that the majority of surgeons are prepared to admit that *the system or method of practice* which gives the most complete rest to the wound while it is healing, and at the same time the most complete immunity from aseptic complications, *is the one which will always yield the best results.*" By this method operations have been successfully performed which otherwise would have only terminated in failure and disaster to the patient. The paper concludes with a quotation from Champonnière's "Antiseptic Surgery," lauding the system of Lister, and urging the faithful and careful observation of the principles laid down by the master.

Drs. Packard, of Philadelphia, Post, of New York, Vanderveer, of Albany, and C. H. Mastin, of Mobile, spoke in opposition to the details of the Listerian treatment.

Dr. Nancrede, of Philadelphia, advocated the use of the Listerian system. Dr. McGrath reported a case of death from acute carbolic acid poisoning from absorption after resection of a knee-joint in a boy; and Dr. Vanderveer referred to a case of ovariotomy lost from this cause. Dr. Prince said that if Listerism meant certain details of treatment, it is destined to be short-lived; if it means the principle of cleanliness and the antiseptic treatment of wounds, it is eternal. Dr. Dawson endorsed the last speaker's remarks, and thought that just as good results can be obtained from the ordinary treatment. Dr. Kinloch thought that these remarks may be misunderstood and place the Association in a false position before the surgeons of the world: it might be supposed that it is of the opinion that Mr. Lister has introduced an agent which never does any good and is capable of doing great harm.

Dr. Watson regretted that his remarks were misunderstood. Listerism does not consist in the use of carbolic acid, or in certain dressings, but in certain principles with regard to the healing of wounds. He had not asserted that the Listerian method is in use by the surgeons of the United States, but does assert that not an operation is performed in any large centre which is not in some manner influenced by Listerian principles in its treatment.

Afternoon Session.—The President, being authorized by motion, appointed a nominating committee,—Drs. Kinloch, Conner, Smith, Briggs, Prince, Comingor, and McGuire.

A communication was read by the Secretary, inviting the Association to pay a visit to the Cincinnati Hospital. The invitation was, on motion, accepted.

Dr. John H. Packard, of Philadelphia, read a paper containing a report of a "*Reamputation at the Hip-Joint—Secondary Hemorrhage, with Ligation of the Primitive Iliac Artery—Remarks on Ligations.*"

The case, R. K., æt. 23, was suffering with osteo-myelitis of stump, consecutive to thigh-amputation on account of a tumor. Before performing hip-joint amputation, an unsuccessful attempt was made to use Davy's lever; the femoral artery was then tied just below Poupart's ligament, as a preliminary measure. On the sixth day after the operation, which was by Furneaux Jordan's method, hemorrhage occurred, and the common iliac was ligatured in the ordinary way,—an incision two and three-quarter inches long, parallel with Poupart's ligament, lifting the peritoneum, and tracing the artery up to the common iliac, where a ligature was applied with an aneurism-needle, without exposing the common trunk to view. Twenty days after operation, the ligature was found lying in the wound; and the patient now is looking extremely well, the wound being almost entirely healed. He also referred to a similar case which he operated upon in the Beverly United States Army Hospital in 1864 (*New York Medical Journal*, 1865, and "Medical and Surgical History of the War of the Rebellion"), in which the ligature came away in twenty-one days. With his present experience, he would, before performing another amputation at the hip, apply a ligature to the primitive iliac, with the certainty that hemorrhage would thereby be most safely and effectively precluded.

Referring to the operation, he opposed the common opinion that an artery must be exposed to view before being tied, except with regard to certain vessels, such as the subclavian and axillary, where a ligature might be placed upon the brachial plexus by mistake; but where the vessel can be easily isolated complete exposure to view is unnecessary. He exhibited an instrument for use in passing a ligature, which he calls a detached artery needle,—simply a blunt needle, somewhat sharply curved, and roughened near its blunt point, so as to afford ready hold to a pair of forceps.

In conclusion, the statistics of ligation of the primitive iliac artery were reviewed and criticised. Of American origin, it was performed in 1812 by Gibson, and was done to the saving of life in 1827 by Mott. A table containing the analysis and results of sixty-two cases was included in the paper, which in several instances varied from that in Agnew's Surgery, several corrections being made.

Remarks were made by Dr. Fife, of Boston, Dr. Conner, of Cincinnati, and Dr. Packard.

Dr. T. G. Richardson, of Louisiana, read a "*Report of an Anomalous Case of Profunda Aneurism*," and illustrated his remarks with a diagram, and the specimen was presented for examination.

The case was that of a man, æt. 43, with gunshot wound of the thigh, in 1876. There was no serious hemorrhage at the time. The ball entered in front and upon the inner side of the axis of the limb, about four inches above the patella, ranged slightly downward, immediately across the track of the femoral artery, and emerged from the upper angle of the popliteal space, just external to the median line. The patient rapidly recovered, without lameness or other discomfort remaining. A tumor was discovered in April, 1878, an interval of eighteen months having intervened since the accident. The tumor so slowly developed that a physician's attention was not directed to it until May, 1879. Esmarch's bandage was applied to the limb, the tumor being recognized as a traumatic aneurism. The femoral artery was tied July, 1879. Thrombosis and gangrene necessitated amputation in December, 1881, nearly eighteen months after ligation. Death occurred on the fourteenth day. Examination of the limb showed that the femoral artery at the site of ligature was converted into a solid fibrous cord up to the origin of the profunda. There was dilatation of the profunda and its perforating branches. The arteries higher up did not appear to have undergone any change. Immediately below the obliterated segment of the femoral the lumen of the vessel was well preserved, and just at this point an anomalous branch of considerable size was given off. The distribution and anastomoses of the latter could not be determined in consequence of the gangrene.

Beginning at a point about four inches below, the main trunk gradually dilated to form the walls of the aneurism. The latter, oval in outline, except at one point, where it was slightly pinched, measured seven inches in length and three and a half inches in breadth at its widest point. Its walls were dense and about one-fourth of an inch in thickness throughout nearly their entire extent. Its contents were flocculent, with fibrinous filaments adhering to the wall. Upon its posterior wall, looked at from within and a little below the middle, was seen a remarkable knobby protuberance, an inch and a half in length, an inch in thickness, projecting into the cavity of the sac. This was found distended with coagulum. Although most diligent search was made, no communication with the sac could be found except at the entrance of the main artery above. The artery upon the distal side of the tumor was continuous with the exterior of the latter opposite the nodular protuberance just described, but was obliterated, and at the point of juncture spread out in a membranous form. Below this point to the extent of an inch it was represented by a small flattened fibrous cord, which gradually enlarged and became again pervious as it traversed the lower half of the popliteal space, but was not more than one-half the natural size. It was here filled with a coagulum which extended to the remote ramifications of the anterior and posterior tibials.

The femoral vein was smaller than usual, and its coats thickened, closely connected or continuous with the tumor along the base of the protuberance, and was found to communicate with the interior of the latter by a smooth, well-defined orifice, three-quarters of an inch in its longest diameter. It was occupied by a firm clot. The specimen was referred to a committee consisting of Drs. Nancrede, Kinloch, and Dawson.

Dr. Richardson also read a report of two cases of *successful resection of the ribs for empyæmia*. He recommended the use of a trephine for performing the operation, which he would restrict to cases due to chronic pleurisy or traumatism accompanied by a fistulous orifice, the object being to secure better drainage.

The paper was discussed by Drs. Truitt, Mears, Campbell, and Richardson.

SECOND DAY.

An executive session was held with closed doors at ten o'clock. The following Fellows were elected: Dr. McCann, of Pittsburg; Ad. Fenger, of Chicago; Tayler, of California; P. Peck, of Iowa; Dandridge, of Cincinnati. A number of bills were presented and approved.

During the morning session, Dr. S. W. Gross offered the following in order to facilitate the proceedings:

"*Resolved*, That authors of papers shall be allowed to occupy twenty minutes in their reading, remarks in discussions to be limited to five minutes, and Fellows not to be permitted to speak twice without unanimous consent."

This resolution was adopted.

The first paper read in open session was by the President, who called Prof. Gunn to occupy the chair during the reading and discussion.

The subject of Prof. Gross's paper was "*The Value of Early Operations in Morbid Growths*."

The object of the paper was stated to be the placing of the value of early operations for the removal of morbid growths in a stronger and clearer light than any in which it had hitherto been presented. The reasons for early removal are: 1, the less risk of shock and hemorrhage; 2, the more effectual riddance of the diseased structures; 3, the diminished probability of septicæmia or blood-

poisoning; 4, the avoidance of unsightly scars; and, 5, the less risk of recurrence of morbid action, either at the seat of operation or in other parts of the body.

The local origin of morbid growths is now generally admitted, but an hereditary tendency to the development of such neoplasms was recognized, not only as regards malignant, but also in benign growths, such as warts and sebaceous cysts, which have been observed in three generations. Morbid growths, tumors, and neoplasms are the product of perverted nutrition, in which a comparatively few cells native to the part are replaced by colonies of new cells, of which the product, or new growth, is mainly composed.

He stated that "all morbid growths are developed, directly or indirectly, under the influence of inflammatory action, the result of external injury, or, as is more frequently the case, of some mechanical obstruction, causing, in the first instance, congestion of the part, and this, in turn, incited action and inflammation, both leading, sooner or later, to abnormal cell-growth, cell-formation, or cell-development. It is in this way, and in this way alone, that we can satisfactorily explain those morbid growths, both benign and malignant, which, as the phrase goes, arise without any assignable cause. One of the most simple of all tumors, the sebaceous, is formed under the irritating influence of its own natural secretion retained by the closure of its natural outlet. Obstruction of a lacteal duct is, there is no doubt, a frequent starting-point of scirrhus of the mammary gland. There is not a surgeon of any experience anywhere who has not occasionally met with cases of carcinoma which were due, directly or indirectly, to the effects of local injury." With these fundamental principles in view, the importance of early operation is manifest, and experience shows its necessity.

Referring to the difficulty of diagnosis, the advice was given, in cases of doubt, to seek consultation rather than to allow the growth to develop, thus increasing the danger to the patient. In a case of carcinoma of the breast, especially was the surgeon warned against the waiting for the development of secondary growths in the axilla, and till involvement of the general health occurs. Patients should be taught the risk of delay. Not only should growths be removed early, but the extirpation should be done as thoroughly as possible. If this cannot be done, it will be better, in advanced cases of carcinoma particularly, not to meddle with the growth at all, except to remove an offensive ulcerating mass and to substitute for it a clean wound. The longer the knife is withheld, the greater danger there will be that some of the cancer-cells will be left behind, which will subsequently serve as new centres of morbid action in the neighborhood. Sarcomata are especially apt to return in the internal organs, and the worst form is the round-celled. Any rapidly-growing tumor is, as a law, a bad subject for successful surgical interference. Even benign growths of rapid development cannot be extirpated too soon: as illustrations of this principle, cystic growths of the ovary, chondromous fibromas, and osteomas; and as analogous illustrations, stone in the bladder, and pneumonia, in which the contrast between early and late treatment is very marked.

Remarks were made upon the paper by Drs. Moore, of Rochester, and Gregory, of St. Louis.

A paper on "*Dislocation of the Astragalus*" was read by Dr. Basil Norris, U.S.A., of Washington, in which, among other cases, he cited his own experience, having suffered such an injury as a result of being thrown out of his carriage. Prompt reduction was followed by complete recovery in his own case. The clinical notes of several cases of uncomplicated dislocation of the astragalus, reported by different surgeons, were also communicated, with two instructive cases of partial dislocation of the astragalus forward of long standing, reported by Mr. George Brown in the Proceedings of the Clinical Society of London (February, 1876); and a compound dislocation of the astragalus, reported by Dr. John A. Grant (*Canada Med. Jour.*, October, 1865), reduced by simple manipulation: cold-water dressings were applied, and recovery with perfect motion followed.

Similar cases were mentioned in the discussion by Drs. Gregory, Moore, Gunn, Conner, and others.

Dr. P. S. Conner, of Cincinnati, read a paper on "*Excisions of the Tarsus.*" Admirably adapted as is the foot to sustain weight, diffuse force, and secure ease and quickness of movement, it is, in its proximal half at least, peculiarly liable to disease and the extension of inflammation from part to part. Placed where it must of necessity be subjected to violent jars and severe twists, every opportunity is afforded for the occurrence of limited blood-extravasations in its bones, and of traumatic synovites in its joints. Its skeleton is made up almost entirely of cancellous tissue, covered in by closely-adherent periosteum, that blends so intimately with the ligaments of the numerous articulations that it may, surgically considered, be regarded as a single sheet enclosing the whole tarsus. It is crossed by numerous tendons and overlaid by a definite though not very thick sheet of connective tissue, so that thecal and fascial inflammations may readily, by contiguity, be carried over to it. In this manner, he proceeded to show, strumous subjects may have, as a result of traumatism, either simple inflammations or the deposit of tubercle in the bones, synovial membranes, or periarticular structures. Gumma may likewise develop here, and external violence, contusions, cuts, compound fractures (gunshot or other), may

be the developing cause of caries or necrosis.

Tarsal disease being thus of frequent occurrence, what shall be done for its relief? When the local disease has, more or less, progressed to destruction of the part, the periarticular structures greatly thickened, abscesses formed, and numerous sinuses exist leading down to dead bone, surgical interference is limited to—

1. The opening of the abscess-cavity, and the informal removal of carious or necrosed tissue, with or without deep cauterization, or such local stimulant applications as shall tend to secure more healthy and reparative action;

2. Amputation, usually at or above the ankle-joint; and,

3. The methodical excision of such and so many of the tarsal bones as are unhealthy.

He stated that the first method, in one form or another, has long been employed, and in the less severe cases may be expected often—perhaps generally—to result favorably. It is under this head that we must place the use of the actual cautery, so highly recommended by Ollier and others of the French surgeons, the *évidement* of Sédillot, and the gouging and oakum-seton method of our distinguished Fellow Dr. Sayre.

By surgeons, generally, amputation at the ankle has been, and still is, regarded as much to be preferred to any more conservative treatment.

Within the last twenty years, cases of extensive resection of the ankle have been reported. In order to determine definitely whether the asserted dangers of this operation are real, whether or not its mortality is greater than amputation, and as to the likelihood of the disease to return, and the question of usefulness of the member, he had collected all the cases he could find, amounting to one hundred and six excisions of two or more bones, after quoting the clinical history of two patients of his own, in which the entire tarsus was removed, recovery following, securing a very serviceable foot. Of the entire one hundred and six cases, eleven died (10.38 per cent.), but one of these perished with amyloid disease within ten days, and one of phthisis in a month: thus the mortality is really not more than 8.5 per cent., and if Tiling's case be also thrown out (gunshot injury, followed by intermediary excision and amputation five days later, death from gangrene at the end of another five days) the percentage is reduced to 7.54. Of the nine fatal cases (including Tiling's), in four at the lowest a Syme amputation, and in five a Chopart, would have had to be performed; or, in other words, out of sixty-one cases in which the alternative was an ankle-joint amputation, four died (6.55 per cent.), and out of forty-five in which a middle-tarsal removal might have been made (though without doubt in some of them a Syme or Pirogoff amputation would have been performed), five died,—11.11 per cent.

The Syme operation mortality for caries is about six to eight per cent. (at least ten per cent. according to Delorme); the Pirogoff probably about the same; and the Chopart perhaps four per cent., though Schede has placed it as high as ten per cent.

Examination of the table shows that while it is true that excision is attended with very much less mortality in young subjects, the opinion expressed by certain writers that it should be confined to them is not warranted by experience. Of seventy-seven cases, twenty-seven were not over fifteen years of age, of whom but one died (3.7 per cent.); seventeen were between fifteen and twenty-five years old, of whom one died (5.88 per cent.); and thirty-three were older, of whom six died (18.18 per cent.). Of those in whom either the entire tarsus or at least the whole of one of its great divisions was taken away, the death-rate was—under fifteen years, 6.67 per cent.; over fifteen and under twenty-five years, 10 per cent.; over twenty-five years, 27.27 per cent.

Of the six operations for gunshot injury, the subjects of which were all adults, one (Tiling's) resulted in death (16.67 per cent.).

In four of these six, including the fatal one, an ankle-joint amputation would otherwise without doubt have been performed,—an operation which after gunshot wound, in our late war, had a mortality-rate of 25.1 per cent.

As respects the preservation of life, then, excising the whole tarsus or one of its great divisions is not much, if any, more dangerous than an ankle-joint amputation, and not much more so than a middle-tarsal operation. It has the added advantage of permitting subsequent removal of the foot if required. In the cases tabulated this was done seven times, with but a single resulting death. In only two cases did the disease reappear, owing to the thorough removal of the diseased bone.

With regard to the usefulness of the member, it was found that in thirteen of the ninety-five cases the records were made too early, or without clearly indicating the end result; ten were failures, amputation being required in seven of them; forty-four times the ultimate value of the foot was "very good," and twenty-two times "good;" that of one hundred and six operations, 10.38 per cent. resulted fatally; of ninety-three cases, the results of which are known, 10.75 per cent. were failures, 6.45 per cent. left the subjects able to walk with a cane or crutch, and in 23.65 per cent. there was, after complete consolidation had taken place, no pain or tenderness, little or no limp, and the individuals were not prevented by the condition of the foot from earning a livelihood, and in 47.31 per cent. the result was so good that the gait was not a bad one,—the support of the body was firm, and the patient could walk long distances.

In conclusion, he discussed the details of the operation in his own cases, and the con-

tra-indications to operation, the chief one being such a condition of the system as demands immediate relief and speedy recovery, in which case amputation would be preferable. An elaborate table, containing an analysis of the one hundred and six operations, accompanied this communication.

Very early or advanced life is not a contra-indication; and he remarked, in conclusion, that the evidence is conclusive that even advanced tarsal disease does not necessitate amputation of the leg. The two patients operated upon by Dr. Conner were then presented, and were examined by the Fellows. The entire tarsus had been removed in each,—one in July, 1875, the other in April, 1876,—and each has a useful foot and is able to walk without a cane, and is earning his own living at an active occupation.

Dr. S. Marks, of Milwaukee, read a report of a "*Case of Trephining of the Sternum for Removing Foreign Bodies from the Anterior Mediastinum.*" A soldier was struck in 1864 by a spent bullet, as was supposed, upon the sternum, which apparently did not penetrate the chest, as this opinion was expressed by surgeons who examined him after the injury. Subsequently an abscess developed, followed by a sinus in the soft parts over the sternum, with free discharge of pus, which persisted patulous for six years. Necrosis of sternum existed, and a perforation was found leading to an abscess-cavity containing a foreign body, which was ascertained to be a Minié ball in two fragments (weighing ʒv—gr. xxi). This was subseqently removed by trephining the sternum, the ball being found encysted in a fibrous capsule.

Afternoon Session.—Dr. E. M. Moore, of Rochester, read a paper entitled "*Some Questions with Reference to Intra-Capsular Fracture of the Femur.*" After reporting several cases and illustrating his remarks with a number of specimens showing bony union after fracture of the neck of the femur, he submitted, in conclusion, the following suggestive questions:

1. "Is not the cause of fracture of the neck of the thigh-bone, whether intra- or extra-capsular, almost uniformly a blow upon the trochanter?"

2. "Is not the preservation of the periosteum of the neck (called, in connection with the reflected capsule, the cervical ligament), although only partial, the common rule, and not the exception?"

3. "Does not this condition, if preserved, supply nutriment to the upper fragment sufficient to entire repair?

4. "Is not the outer layer of what is called the periosteum of the neck a rudimentary organ?"

5. "In *reputed cases* of absorption of the neck after blows upon the trochanter said to be without fracture, is it a reasonable—much less a perfect—induction to infer a similar result when the changes of condition are similar only in one point and dissimilar in every other, those of inflammation without a blow?"

"6. Should not the induction read thus? The head of the femur and the acetabulum not being altered, the shortening of the neck could not be from inflammation resulting from the blow. Finally,

"7. Does not the practice of modern surgeons produce vastly-improved results in the cases treated by them, as compared with the method of the last generation?"

Dr. Moore recommended the use of moderate counter-extension, with lateral support and the horizontal position, in the treatment of injuries of the head of the femur, even when the existence of a fracture cannot be absolutely recognized.

Dr. Nicholas Senn, of Milwaukee, read an elaborate treatise on "*Fractures of the Neck of the Femur, with Special Reference to Bony Union after Intra-Capsular Fracture.*" This paper contained a report of a series of physiological experiments upon animals, made with a view to studying the pathology of this form of injury and the results of various methods of treatment. It demonstrated more or less conclusively the fact that bony union was the rule rather than the exception, and showed the value of accurate adaptations of the parts of the bone, and immobilization of the joint.

To facilitate the application of these principles to clinical surgery, he presented an apparatus to be incorporated in a plaster-of-Paris bandage for making pressure upon the greater trochanter. He particularly cautioned against converting an impacted fracture into a complete one by incautious manipulation during examinations, which might result in non-union, and also against changes in the dressings at the fifth or sixth week, when the condition of the bone renders it unusually liable to separation. He believed that bony union in the human subject would not be complete until the one-hundred-and-twentieth day, and advocated the introduction, in certain cases, of ivory or bone pegs to keep the fragments in position.

A table of fifty-four cases of bony union after fracture of the neck of the femur was included in the paper, which was divided, for consideration, into a series of separate essays, with the following heads or chapters:

The Anatomy of the Neck of the Femur; Predisposing Causes of the Fracture; Symptoms of Fracture of the Neck of the Femur; Diagnosis; Non-Union after Intra-Capsular Fracture; A Specimen of Bony Union after Intra-Capsular Fracture; Bony Union after Intra-Capsular Fracture; Impacted Fracture of the Neck of the Femur; Production of Callus; Can Loose Detached Pieces of Bone produce Callus? Senile Osteo-porosis; Incomplete Fractures of the Neck of the Femur;

Experiments upon Animals; Treatment of Fracture of the Neck of the Femur.

Remarks were made by the President and Drs. Moore, Gunn, Vanderveer, Fifield, Nancrede, Kinloch, Campbell, and Senn, which occupied the rest of the afternoon. No agreement of opinion was arrived at as to the possibility of true bony union in cases of intra-capsular fracture, and the methods proposed by Dr. Senn in the treatment were regarded with considerable suspicion, if not regarded as unwarrantable. Dr. Senn, in conclusion, said that the worst thing that could happen to a patient with fracture of the neck of the femur was treatment by the old method of strict confinement in bed. His methods were aimed merely at immobilizing the limb and yet allowing the patient an opportunity to be taken out into the open air. He contended that the possibility of bony union within the capsule had been established beyond question.

The Association had its annual banquet in the evening.

THIRD DAY'S PROCEEDINGS.

The report of the committee appointed to examine the specimen presented by Dr. T. G. Richardson was received and discussed. The committee decided—1. That the original injury consisted of a contusion of the walls of both the artery and vein, with consequent adhesion at the site of injury. 2. That the inflammatory processes culminating in the adhesion of the two vessels resulted in such a weakening of the walls, probably coupled with a limited destruction of the external coats of the vessel by the vulnerating body, as to render an aneurismal dilatation a necessary consequence. 3. That the similar probably partial destruction, and certainly the inflammatory softening, of the venous walls at the point of adhesion, resulted in a slight pouching towards the lumen of the artery. 4. That the projection thus commenced, however minute, was acted upon to the utmost advantage by the arterial current, which tended to enlarge the growth by an actual traction-force, as it were, in the direction of the blood-flow: this is proved by the fact that the small sac is elongated on the distal side of the venous opening. 5. That the projecting venous sac must have served to obstruct the lumen of the artery from the moment of its formation, and have acted somewhat in the way an embolus has been known to do, as the exciting cause of aneurism, by producing undue intra-vascular pressure in an artery with softened walls. 6. That the obliteration of the lower extremity of the artery, which occurred subsequent to the ligation while an anastomotic branch communicated through the patulous lumen of the artery with the sac, is the cause of the non-coagulation of the sac contents. The apparent paradox that blood can enter into and emerge from a tensely-filled sac is rendered clear when the physical surroundings of the sac are considered. The muscles of the region must have alternately emptied the sac by their compression and allowed it to refill when they relaxed.

The committee, consisting of Drs. Nancrede and Kinloch, considered that the peculiar features of the case would find a more satisfactory solution in this manner than on any other hypothesis which had been suggested.

The report of the committee was discussed by Dr. Campbell, of Georgia, who did not regard the case as anomalous.

Dr. S. W. Gross, of Philadelphia, read a paper on "*A Case of Nephrectomy for Medullary Carcinoma, and Partial Choleo-Cystectomy for Calculus in the Same Subject.*"

The patient, a widow, 59 years of age, had first noticed a small and painless tumor in the right iliac fossa in January, 1883. She had attacks of hæmaturia, once towards the end of February, and twice in March. About the middle of February she had pains in the loins, particularly on the right side, which increased with the growth of the tumor. Dr. Keating diagnosticated the case as one of carcinoma of the kidney, and invited Dr. Gross to see it in consultation in April. At this time the tumor was as large as a child's head, nodulated, firm, mobile, everywhere dull on percussion, occupying the lower right lumbar and inguinal regions and about one-third of the hypogastric region.

The operation of laparotomy and nephrectomy was performed April 20. The tumor was recognized as an enlarged kidney, and over its surface the peritoneum contained a number of large vessels, and considerable hemorrhage was caused by the enucleation of the tumor, making it advisable to ligature the pedicle *en masse*. A separate catgut ligature was required for the renal artery. There being an obstructed and distended gall-bladder, containing a stone the size of a Spanish olive, the calculus was drawn into the fundus of the gall-bladder, and the duct included in a ligature: the gall-bladder and contents were then removed.

All the ligatures were cut short, the peritoneal cavity carefully cleansed, the incision drawn together with silvered sutures, and a drainage-tube was inserted at the lower angle of the wound, which was covered by carbolized gauze. The operation required fifty-five minutes. No spray was employed. The patient died sixty-five hours after the operation, from peritonitis, complicated by suppression of urine for twenty-eight hours before death. The fatal result was explained by the autopsy, which showed the remaining kidney in an advanced condition of cancerous disease. It weighed eighteen ounces, and measured fifteen and one-half by ten and one-quarter inches in its long and short circumference. With the exception of an inch at its upper

extremity it was converted into a medullary tumor, which, on microscopic examination, proved to be carcinomatous.

Reviewing the literature, Dr. Gross found twenty-two cases of extirpation of the kidney for carcinoma and sarcoma: of these one was still under treatment, nine recovered, and twelve died. He considers that the removal of the kidney for malignant disease cannot be advocated, on account of its large mortality (fifty seven per cent.), and because it does not materially lengthen life: still, if the patient is willing to take the risk, he is entitled to the possible chance for recovery and non-recurrence, especially in the early stage of the disease. The following rules were laid down for operating: the capsule of the organ should always be removed; the incision, when the growth is large, should be made along the outer side of the rectus muscle, as recommended by Langenbach, through which the ureter and renal vessels can be more readily and safely reached than through the median ventral incision. The ureter should be pinned outside the abdominal incision, so that the septic material which it contains may not be left in the cavity of the belly; there is also a danger that the ureter may slough if dropped inside the peritoneal cavity.

Dr. J. Ewing Mears read a report of "*A New Operation for Permanent Closure of the Jaw*," employed in a case of gunshot wound of the face, eighteen years after the injury.

Dr. A. Vanderveer, of Albany, read a paper on "*Removal of Meckel's Ganglion, for the Relief of Trifacial Neuralgia, with Report of Cases.*" He submitted the following cases:

Case I.—Mr. S., 58 years of age, had suffered for ten years with neuralgia of the right side of the face. Two operations had been performed by loosening the attachment of the cheek from the alveolar processes, affording each time a few months' relief. The operation was repeated by Dr. Vanderveer, with total remission for a time. The neuralgia returns occasionally. The removal of Meckel's ganglion was recommended, but has not yet been practised.

Case II.—Miss B., 40 years of age, had been subject to right trigeminal neuralgia, for which she had all her teeth removed from the right side without relief. For six months had constant pain. Dr. Vanderveer removed part of the infra-orbital nerve and Meckel's ganglion by making an incision from the angle of the eye down to the bone along the nose for a distance of little more than an inch, then another incision an inch in length at a right angle under the infra-orbital ridge. Raising the flap and periosteum, he exposed enough of the anterior wall of the antrum to admit the application of a good-sized trephine, removing a button of bone so that the upper edge of the opening exposed the infra-orbital nerve. Lifting the latter with the superior maxillary from its bed by means of bone-chisel, grooved-director, and probe, he followed it until he reached the posterior wall of the antrum, where, by means of a smaller trephine, another button of bone was removed, and the spheno-maxillary fossa was reached. The ganglion was now lifted from its bed, and with curved scissors the nerve and it were severed and removed. This was followed by a sharp hemorrhage, controlled by packing the cavity with sponge attached to a silk ligature. The wound in the face was closed by interrupted sutures, a drainage-tube, with ligature from the sponge, being placed in the most dependent point. Considerable suppuration followed, and trouble was experienced in removing the sponge; but the wound ultimately healed, and complete relief was obtained, the patient now being in perfect health.

Case III.—A widow, 37 years of age, had lost the right eye by perforating ulcer of the cornea at two and a half years of age. Inflammation occurred in the eye, as the result of cold and over-work, six years before coming under observation; removal of the eye was then recommended and refused. Attacks of facial neuralgia subsequently occurred. Enucleation of the eye being again refused, removal of Meckel's ganglion was performed. Subsequently the neuralgia returned, and section of the inferior dental nerve was practised. The pain afterwards returned, and the eye was finally removed, since which time she has been very comfortable. The eye was probably the cause of the reflex irritation.

Case IV.—A farmer, 68 years of age, who received a severe blow over the left malar bone about thirty years previous. For fourteen years he had suffered dull pain in this part, which was succeeded by trigeminal neuralgia on this side of the face, which became nearly constant. Complete relief was afforded by the operation of removal of Meckel's ganglion: in six days the wound had healed, and perfect and permanent relief was enjoyed.

The paper was discussed by Drs. Campbell, Conner, Dawson, Briggs, and Vanderveer.

An executive session was held at the close of the morning's session.

The Council recommended the following for Fellowship: Dr. H. K. Steele, of Denver, Colorado; Dr. Herbert Judd, of Illinois; Dr. Thos. M. Markoe, of New York.

The Committee on Nominations made the following report:

OFFICERS FOR 1883-84.

President.—Dr. E. M. Moore, Rochester, New York.

First Vice-President.—Dr. W. W. Dawson, Cincinnati.

Second Vice-President.—Dr. C. H. Mastin, Mobile.

Secretary.—Dr. J. R. Weist, Richmond, Indiana.

Treasurer.—Dr. J. H. Packard, Philadelphia.

Recorder.—Dr. J. Ewing Mears, Philadelphia.

Member of Council.—Dr. P. S. Conner, Cincinnati.

On motion, the Secretary cast the ballot for the Association, and declared the officers unanimously elected. The next place of meeting is to be Washington, D.C., on the Wednesday before the meeting of the American Medical Association.

At the opening of the session in the afternoon Dr. J. M. Barton exhibited to the Association a splint which he had used for some years for synovitis of the wrist-joint: the splint is light, makes effective extension, is not conspicuous, and permits some use of the fingers.

The splint is made of wire, is about eleven inches long, and from one and a half to two inches wide. It is placed on the palmar aspect of the forearm, reaching from a little below the elbow to a half-inch below the lower end of the metacarpal bones; the upper extremity (B) is slightly indented, to receive the adhesive plaster used in the counter-extension; on the lower extremity (A) a light wooden roller is placed, over which the extending-band plays.

The extension is made by a piece of heavy rubber-elastic, which is fastened to the upper cross-wire (at B), and to the extending-band after it passes over the roller (at A).

The extending-band is attached to the hand most conveniently by sewing a heavy kid glove on the hand, cutting off all the fingers of the glove except those of the middle and ring fingers: these two are split down the back, and retain their attachment to the palm of the glove only; they are passed over the roller and tied by a piece of cord to the rubber extending-band, the upper end of which is attached to the upper cross-wire (at B).

The counter-extension is made by two strips of adhesive plaster, each two inches wide and one foot long: to adjust them, start the first at the radial side of the wrist-joint, run it up the outer side of the arm, over the upper end (B) of the splint, resting in the depression, and then down the ulnar side of the forearm to the wrist; the second strip is applied in a similar manner, both strips necessarily nearly covering the forearm. A light bandage may be carried from the wrist up to keep the plaster in position. The extending force is determined by the tension of the rubber band, from one-half to one pound of pull being quite sufficient.

Balloting for new members by the Association resulted in the election of Dr. Thomas M. Markoe, of New York City, as resident Fellow.

On motion, the committee appointed to prepare a diploma for Fellowship offered a resolution that an honorarium of twenty dollars be tendered to Mr. H. S. Brown, of Philadelphia, for assistance rendered. The resolution was adopted.

Resolutions were offered providing that the expenses of the meeting incurred by the Committee on Entertainment be paid out of the funds of the Association, and were agreed to.

An amendment increasing the limit of membership from one hundred to one hundred and fifty was lost.

The amendment proposed, altering the manner of nominating candidates for Fellowship, was also lost.

Dr. S. W. Gross announced that he would offer an amendment at the next meeting, increasing the number of members of the Council from four to ten.

Prof. S. D. Gross gave notice of an amendment to be brought up next year, that all amendments to the Constitution and By-Laws be acted upon on the final day of each session, without lying over for one year.

Dr. Kinloch called attention to a printed petition in opposition to the Code of Ethics, to which the names of several Fellows of the Association were affixed, and offered a resolution that it be referred to the Council.

On motion, it was decided that the Association shall hereafter have an annual dinner, to be paid for by the individual Fellows taking part in the same, instead of being entertained by the local members.

Thanks were given by resolution to the members of the Committee on Entertainment.

Dr. David Prince, of Jacksonville, Ill., read a *description of a rectal obturator*. This was in reality a dilator, consisting of a Wales's bougie, to which he had attached an obturator, which, being inserted into the rectum, would prevent the escape of fluid from the anus. The apparatus is constructed especially,—

1. For enabling the alimentary canal to hold two or three gallons of water in cases of obstinate constipation, of obstipation, and of strangulation, or for the speedy and complete washing out of the alimentary canal on any account.

2. For the holding in the alimentary canal of comparatively large amounts of nutritious fluids in cases in which the introduction of food by the mouth is impracticable.

3. For the holding in the large intestine of an adequate quantity of alcoholic liquids, introduced for anæsthesia in surgical operations, or injuries, or for the alleviation of shock or terror from any cause, or in all conditions in which alcoholic anæsthesia is desirable.

4. For the speedy dilution of the blood through the absorption of water from the intestinal surfaces in order to stimulate the kidneys to filter out any poisonous constituents of the blood, whether these impurities have been introduced by accident or design,

or whether they have been developed in the blood and in the glands by the chemical process incident to disease.

5. For the reduction of temperature in fever and inflammation by the more ready discharge, through the various emunctories, of irritating material by the thinning of the blood through the introduction of water.

He further stated that the expedient explained in this paper can be executed without any special apparatus. Introduce by the anus a speculum. Pass a large catheter as high as convenient, and around this pack a roller-bandage, pushing in a piece at a time, leaving the end of it projecting for convenience in withdrawal. Then withdraw the speculum. More than one roller-bandage may be employed if necessary, but an end of each bandage should be left hanging out, to avoid the necessity of searching the rectum for it. Attach a syringe to the catheter, and proceed with the injection. In the employment of water in the emergency of an intestinal obstruction, a moderate leak by the obturator is only an inconvenience, requiring the employment of a larger quantity of water. He also recommends its employment for rectal alimentation, and for the introduction of alcohol into the system.

Dr. Campbell, of Georgia, gave a description of several cases of "*Stricture of the Œsophagus, with Remarks on Treatment.*" The frequency of cases of accidental poisoning by caustic lye calls for a careful consideration of the treatment. Dr. Campbell is opposed to all cutting operations, but strongly urged the use of graduated bougies, aided by rectal alimentation during the treatment.

The Council, having the matter referred to it by motion of the Association, and a recess of fifteen minutes having been taken for its consideration, brought in the following report for action:

"*Resolved*, That the Secretary be instructed to address a communication to each Fellow, active or honorary, who is alleged to have violated the Code of Ethics adopted by the American Surgical Association, and request him to withdraw from this body if the allegation be true."

The report was, on motion, adopted.

The following was offered by Dr. Dawson, and was carried with applause:

"*Resolved*, That the thanks of this Association be returned to its retiring President, and that the members of the Association unite in the hope that he may be long spared to meet with us, to cheer us with his presence and guide us with his wise counsels."

Resolutions were offered by Dr. Bontecue, of New York, calling upon our representatives in Congress to make sufficient appropriation to furnish a fire-proof building for the library of the Surgeon-General's Office, and to maintain the library, and to continue the publication of the Index Catalogue.

This was also adopted.

A resolution was passed directing the publication of a volume of Transactions, the number of copies to be left discretionary with the committee.

Dr. Campbell presented some apparatus for fixation of the elbow-joint, devised by Dr. Coleman, of Augusta.

Dr. Bontecue advocated irrigation in cases of cystitis.

The Committee of Arrangements was authorized to change the time or place of meeting if thought proper.

Prof. Gross made some very feeling remarks upon retiring from the presidential office, which he had filled so ably for four years, and said that his interest in the Association would cease only with life.

The Association was then declared adjourned.

GERM-THEORY IN MEDICINE.—In a formal reply to M. Peter, who recently made a vigorous attack upon what he regarded as a premature application to clinical medicine of the recent theory of the origin of zymotic diseases, especially in practical therapeutics, M. Bouley incidentally reviewed the discoveries of Pasteur, and discussed some of the advantages that have already been derived from their application, and mentioned some of the results which may reasonably be expected in the future by following in the path he had opened. The length of the communication forbids its analysis here, but those interested in the germ or microbe theory in medicine will find in this portion of the discussion at the Academy of Medicine upon the epidemic of typhoid fever in Paris a fair statement of the side of the question opposed to that taken by Dr. Peter, as well as a very interesting review of the present standing of the microbe doctrines in medicine.—*Bulletin de l'Académie de Médecine*, No. 14.

CASE OF LABOR WITH ATRESIA VAGINÆ.—A paper by Dr. Fancourt Barnes was read before the Obstetrical Society of London, containing a report of a patient, aged 21, pregnant for the first time. The vagina was represented by a cul-de-sac about an inch and a half deep, at the bottom of which was a pin-hole aperture, the orifice of a canal of no larger dimensions, leading into the uterus. This canal traversed about two inches of tissue before reaching the uterine cavity. The patient was anæsthetized, and the canal stretched with a Priestley's dilator, then incised on each side with Simpson's metrotome, and still further enlarged by laceration with the finger. Delivery was then accomplished with Barnes's forceps, it being found impracticable to apply Tarnier's. The operation lasted an hour, and was performed under carbolic spray. Mother and child did well.—*British Medical Journal.*

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, JUNE 2, 1883.

EDITORIAL.

MEDICAL AND SURGICAL HISTORY OF THE REBELLION.

UPON the table before us rests the third surgical volume of the Medical History of the War. By its publication one-half of the greatest work ever attempted in military medicine is completed,—the result not of the brilliant genius of one man, but of the labor and devotion of a large number of men, though finally shaped and fashioned by a few persons singularly fitted for the task. In their records of suffering and death these volumes will remain to all time a great memorial of the devotion of the American people to an idea, and in their portrayals and deductions they will be useful as well as monumental landmarks to the military surgeons of the world.

The lamented death of Surgeon Otis, of course, necessitated the appointment of a successor; and, happily for our art, the lot fell upon Surgeon D. L. Huntington, who has performed his task so well, and has so fully entered into the spirit of the original master, that we do not believe any one could tell where runs the joint between the new work and the old.

The continued ill health of Surgeon Woodward has, unfortunately, prevented the production of the companion medical volume, which is still necessary for the completion of the whole work. If the good wishes and urgent desires of the united medical profession of the world had power over the ills flesh is heir to, the long quiet and lonely desk of Dr. Woodward would soon again be cheery with its abundant buddings-forth of intellectual labor.

THE CARE OF SICK SAILORS.

AS every one knows, the sailors of the United States Merchant Marine are taxed to support a fund for their own care and maintenance during sickness. Formerly, marine hospitals were maintained only in places where there were no available civil hospitals. In most cases the sailors were taken care of at the civil hospitals, which were paid so much a week from the fund for each patient. It costs very little more to run a hospital with all of its beds occupied than with half of them empty; and most Boards of Managers, for the sake of filling their institutions, were willing to take the men at a rate less than they cost.

Considered as a whole, hospital staffs represent the best talent of the profession; and we think that most physicians will agree with us that by the old arrangement the sailors received not only kind consideration at a very low cost, but also the benefit of exceptionally good professional skill.

There was in the history of the fund a time when a mania arose for the building of hospitals, and, as there are some symptoms of a renewed outbreak, we would urgently call the attention of the profession to the subject. The money for building hospitals was not taken from the marine fund, but was obtained by appropriations secured from Congress by means which can readily be understood by those who have watched the progress of a River and Harbor Improvement bill. Snaketown mechanics need work, real-estate holders need realization, the sailors need a hospital. Jonesville is in a similar condition; so also is Titusburg. A Congressional Representative, full of local zeal, aided by other local Representatives, offers a bill in Congress and pushes it forward, and constituents in Snaketown and Jonesville are only too happy to return to Congress a Representative who has so aided their local advancement.

How much money has been wasted in Marine Hospital building is unknown; but the following table epitomizes the information we have been able to get:

Tabular Record of the United States Marine Hospital Buildings from A.D. 1800 to the close of the fiscal year 1877.—Annual Report of Marine Hospital Service, 1877, p. 30.

Location.	Purchased or Commenced.	Occupied.	Cost to Date.	Condition or Disposition.	Proceeds of Sale.	Gain.	Loss.
Norfolk, Va.	1800	.....	$22,395.10	Sold, 1839.	$15,613.80	.....	$6,781.30
Boston 1	1802	1804	14,842.34	" 1824.	12,875.00	.....	1,967.34
Boston 2	1825	1827	32,168.06	" 1867.	54,803.38	22,635.32	
Boston 3	.....	1860	395,603.06	In use.	.....	.....	
Charleston, S.C.	1815	1834	26,685.77	Sold, 1866.	9,500.00	.....	17,185.77
Charleston, S.C.	1832						
New Orleans 1	1837	1849	122,772.70	Sale not completed.			
New Orleans 2	1855	.....	530,090.84	Unfinished; completion impracticable; ordered sold, Act March 3, 1873; $19,000 only bid.			
Mobile	1838	1843	56,104.72	In use.			
Pittsburg	1842	1851	72,554.57	Sold.	57,947.33	.....	14,607.24
Louisville	1843	1852	101,456.35	In use.			
Cleveland	1844	1852	122,831.03	In use.			
Natchez	1845	1852	66,755.00	Sold.	5,000.00	.....	61,755.00
Key West	1844	1845	35,972.71	In use.			
Ocracoke, N.C.	1843	1847	9,227.07	Abandoned.	.....	.....	9,227.07
Paducah, Ky.	1852	1852	58,525.77	Burned, 1868.	6,571.34	.....	51,954.43
Napoleon, Ark.	1855	1855	62,290.83	Destroyed, 1868.	30.00	.....	62,260.83
Chicago 1	1849	1852	64,070.98	Sold, 1864.	132,000.00	67,929.02	
Chicago 2	1867	1873	423,246.08	In use.			
St. Louis	1850	1858	116,366.17	In use.			
San Francisco 1	1851	1854	231,871.10	Transferred to the city for Soldiers' Home.			
San Francisco 2	1874	1875	77,946.73	In use.			
Evansville, Ind.	1853	1856	73,078.56	Sold, 1867.	10,507.11	.....	62,571.45
Vicksburg, Miss.	1853	1856	67,775.16	" 1870.	20,257.52	.....	47,517.64
Portland, Me.	1852	1859	123,553.59	In use.			
Pensacola, Fla.	.....	.....	1,052.96				
Detroit, Mich.	1855	1857	110,038.51	In use.			
Cincinnati, O.	1856	.....	182,665.48	Sold, 1866.	70,500.00	.....	112,165.48
Burlington, Iowa	1856	1858	29,996.84	" 1867.	6,000.00	.....	23,996.84
St. Mark's, Fla.	.....	1859	25,758.00	Transferred to War Department, 1867.			
Burlington, Vt.	1857	.....	39,572.30	Sold, 1866.	7,164.41	.....	32,407.89
Wilmington, N.C.*	1857	.....	43,897.44	" 1870.	8,917.70	.....	34,979.74
Galena, Ill.	1857	1861	48,797.58	" 1868.	6,321.08	.....	42,476.50
Port Angeles							
Washington Territory.	.....	.....	.....	" 1868.	165.00		
Total	.....	.....	$3,304,704.80	.....	$424,173.67	$90,564.34	$581,354.51

* Never occupied as a Marine Hospital. Sold for $20,000, payable in five equal instalments; only two received. Possession is reported as having been re-taken by the United States in 1880.

The loss upon the hospitals whose account is given in the above table as settled is about five hundred and eighty-one thousand dollars, the gain, ninety thousand dollars: the loss on the whole series is, therefore, four hundred and ninety thousand dollars. The hospital at New Orleans, as we showed in a previous editorial, was offered for sale, and the highest bid received was nineteen thousand dollars: as this hospital cost five hundred and thirty thousand dollars, it is plain that over one million of dollars has been hopelessly sunk in experimental hospitals.

The nation is rich, and thoroughly used to being swindled, so the loss of this money will not disturb its night's rest; but there is another side to this question. The tax-payer may be wealthy and indifferent, but the man of the ocean is poor and powerless, and on him falls the burden of supporting those hospitals which have not been abandoned. When Jack was housed during sickness in the Pennsylvania Hospital and similar institutions, under the

medical care of the leaders of the American profession, the compulsory tax which was collected from him at all our shipping ports for his care when actually disabled was twenty cents a month; but since he has had to support the dignity of a Supervising Surgeon-General and a corps of subordinate physicians it has been found necessary to double the tax, so that now the strong hand of the government collects from him not only the right and proper twenty cents a month, but filches also twenty cents additional to support the expensive array of hospitals not yet abandoned.

The civil physician did his hospital work faithfully for the love of it, but the doctor of the service must depend upon his salary, and naturally wants it as large as possible. A strong desire exists on the part of some persons of more or less political power and activity, to add to the duties of the Marine Hospital staff those pertaining to quarantine and sanitation. Is he of the sea to pay for this too? If so, the tax will soon rise to sixty cents. What ought to be done is to diminish the Marine Hospital staff to the minimum, by putting out of service all hospitals in places where civil hospitals exist, and rigidly limiting the duties of the medical staff within their legitimate scope, thereby making it possible to reduce the compulsory tax to its old figures.

FREE MEDICAL ADVICE.

COMMENTING on a paper recently published in our columns, the *New York Medical Record* editorially remarks,—

"The statement of Dr. Walk's, that Philadelphia has thirty-two dispensaries, is a surprising one. It places Philadelphia at once at the head of all the cities in the Union in the matter of these institutions. New York City, with a population one-third greater, has only twenty-two, and many of these do very little work. Nine dispensaries in this city treat nine-tenths of the patients. On the other hand, the actual amount of free dispensary service is about the same for both cities. In New York a quarter of a million of persons are treated at the dispensaries annually, which is one-fifth of our population."

There can be no doubt of the grave injury done by these institutions to the younger physicians of the city; and the rapid success of the Polyclinic shows that the supply grows with the demand,—*i.e.*, that when a physician wants to attend well-to-do people without pay he will find plenty of well-to-do people ready to be attended to. It does not appear that a new dispensary lessens the attendance upon the old institutions. We know that those who have gone from other dispensaries to the Polyclinic have not taken a clientèle with them, but have simply found a new mixed mass of poor and well-to-do thrifty Philadelphians who have learned that it is profitable to gratify skilful men who are eager for the present to work for nothing and find themselves, in the hope that, somehow, in the future such sowing of seed will yield harvest. Where this process of competition and pauperization is to end we do not know. We may yet live to see the supply of those desiring to receive medical charity not keep pace with the growing demand for clinical material, and placards carried up and down the street,—"Good news for the afflicted! Great attractions to the sufferers! Free Lunch and the Best Medical Skill! Excellent Breakfasts and the Best Professional Talent for the Afflicted!"

WE have received, from the West Philadelphia Medical Society, resolutions passed at a stated meeting, May 7, 1883, strongly condemnatory of the action of "certain mercenary men," in New York and elsewhere, to overthrow the present Code of Ethics of the American Medical Association.

LIGATURE OF THE INNOMINATE.—Mr. Mitchell Banks tied the innominate artery on February 28 at the Liverpool Royal Infirmary for aneurism of the second portion of the subclavian. A ligature was also placed on the common carotid. Mr. Girdlestone's kangaroo tendons were used, with strict antiseptic precautions. The patient recovered rapidly from the operation, and has already left the infirmary, with his aneurism much improved. —*Lancet.*

NOTES FROM SPECIAL CORRESPONDENTS.

CHICAGO.

THE annual meeting of the Illinois State Medical Society was held during the past week, at Peoria. The attendance at any time was not very full, and during the closing days became quite slim. As a whole, the meeting was not up to the usual standard. Dr. Rauch, of the State Board of Health, read the draft of a bill to be introduced to the Legislature, having for its object the expurgation of quackery by forbidding advertising in the lay press. The doctor stated that the bill had already produced a good deal of excitement among a certain class, and that it was likely to meet with determined resistance, and would require the co-operation of the profession throughout the State to secure its passage. A committee of the State Society has already been before the Legislature, urging a change in our lunacy laws, and the substitution of a commission for our present trials of the insane in open court before a jury.

Apropos, recently a case of insanity was tried by a jury impanelled at the residence of the patient, the jury returning directly after to the court-room, there rendering a verdict in the usual way. The newspapers expressed great disgust at this innovation, and the sheriff has promised that it shall not be again permitted.

The County Commissioners have called upon two of the members of the County Hospital staff to resign, because of the determination of the doctors to operate upon a case where it had been decided in consultation that operative interference would certainly prove fatal.

About twenty-five ladies and gentlemen, members of the Society for the Promotion of Ethical Culture, held a meeting at the Leland Hotel for the purpose of completing an organization to supply the sick poor with suitable nurses. They have a good work before them, and appear determined to carry it to a satisfactory issue.

May 21, 1883.

CORRESPONDENCE.

LONDON LETTER.

THE Medical Bill appears to be making its way through the requisite steps essential to its becoming a law. It seems that the corporations die hard,—if they are dying at all,—and that a strong opposition is set up in quarters where such attitude was scarcely expected, as well as where it was looked for. The *British Medical Journal* expresses itself as follows: "The present aspect of affairs in connection with Medical Reform differs absolutely from all that has preceded it. The government and the profession are now, for the first time, united in an earnest effort to settle the long-agitated question, and to improve in the interest of the public the education, the attainments, and, above all, the examinations of candidates for medical practice, by the establishment of conjoint examining boards, formed by representatives of all the medical authorities existing in each division of the kingdom, under the supervision and control of one central Medical Council as the 'supreme medical authority,' exercising a general control over everything relating to medical licensing, and taking the necessary steps to insure equality in curriculum and examinations among the three divisional examining boards." The President of the Medical Council seems to think it would have been well if the bill proposed in 1870 had passed; but of this bill says the authority just quoted, "no one can now doubt that the withdrawal of the bill of 1870 was a fortunate event; for, under it, old and effete corporations would have been perpetuated, consecrated, and virtually embalmed; they would have continued to send to the Medical Council delegates directly commissioned to look after their individual interests, while new, vigorous, and growing bodies, like the Victoria University, Manchester, would have remained unrepresented. The correction of both these anomalies has now been provided for." Yet so little real faith exists in the profession giving the bill a fair trial, that it says, "It would be a boon to the profession, and to the public it would insure the working of the new Medical Act in all its integrity, if the noble Chairman of the Royal Commission, the Earl of Camperdown, who showed such thorough mastery of the subject during the discussion of the Medical Bill when passing through committee in the House of Lords, could be induced to fill the office of President of the new Medical Council, and, with his tact, knowledge, and courtesy, guide the deliberations not merely in the word but in the spirit of the recommendations of the Commission." So a noble earl has to be asked to preside over the deliberations of the Medical Council, to see that they are conducted fairly and honestly. It is quite clear that no number of the profession are to be trusted alone. Whatever odium I may have incurred, or hostility, in consequence of my outspoken remarks, nothing so severe as this has ever been written in these letters, from their commencement to the present time,—though some of the language used has occasionally been vigorous. There seems something curious and devilish about the influence exercised by these unhallowed corporations upon the medical men who come within the vortex of their selfish current. Honor, integrity, the sense of right, which characterize the leading members of the medical profession in their private

life, seem to wither up in them in their official capacities connected with these ungodly corporations. As a contrast with what has been quoted above, it may be well to turn back to the *Lancet* for April 21, 1839, from which it will appear that the sanguine advocates of Medical Reform have been pressing on to victory for a considerable time,—over a generation,—while the doomed, detestable corporations have been hanging on to life with unfailing tenacity. This is what was written then: "It is difficult, in the present day, to keep pace with the progress of Medical Reform. Every week we have to announce the formation of an association, the appearance of a letter, the publication of a pamphlet, or the accession of a convert to the cause,—all more or less favorable to the establishment of liberal principles upon the ruins of the self-elective corporations. The day of action has come. Medical practitioners have a clear idea of their rights; and they now demand, with an ardor which cannot be suppressed, a control over their funds, the right of self-government which has been conceded to the municipal corporations, and the guarantee of privileges which have hitherto been but a delusive mockery. To sit tamely down under the *twenty-one* self-elective Councillors of Lincoln's Inn Fields, the Black Friars' Company, or the insolent Fellows of Pall-Mall, is felt to be an indelible disgrace." The first body named is the College of Surgeons; the second, the Apothecaries' Company; while the third refers to the College of Physicians in Pall-Mall, of which the same journal still despairs of any amendment. The trumpet-tones of this leader are echoing yet in the leader first quoted. "The indelible disgrace" has not yet been wiped off. There is an element of humor underlying this tall talk of our press. The week before the *Lancet* felt it was "difficult to keep pace with the progress of Medical Reform," it delivered itself as follows—and no doubt felt better for the accouchement—about the corporations: "As dissolution approaches, the mind often reverts to the past; and the eye of the good man brightens as it travels over his early struggles in the cause of righteousness,—over the evils which he has prevented, the sacrifices he has made, the happiness he has conferred, the seeds of good which he has scattered in the past to flourish and ripen in the future. It would be curious, if corporations have the same tendency to review their career as they draw near their latter end, to know with what feelings the medical corporations look back upon the deformity of their daily lives. How heart-thrilling must be the retrospect as they pass the long procession of evil deeds and iniquitous by-laws, the wrongs they have inflicted on teachers, the insults which they have offered to students, the good they have prevented, the obstacles which they have raised to the freedom and progress of science, the intense egotism with which they have watched over their own interests as individuals, the recklessness with which they have betrayed the interests of the profession and the public, the care with which they have extorted ticket-fees at the doors of the public charities, and the indifference with which they have seen quackery flourish, and the profession trodden down by the Penny-Club and Tender Poor-Law Commissioners, the sums which they have themselves appropriated, and the shabbiness with which they have left the BRITISH MEDICAL ASSOCIATION to bear all the expense of conducting the Poor-Law Inquiry before the committee of the House of Commons! But why call up the spectres? Corporations know no compunctious visitings; they have no consciences, and, as they live infamously without shame, die ignominiously without remorse."

Such was the language used in 1839. If Byron could say of the individual, "and in that moment o'er his soul winters of memory seemed to roll," it taxes the imagination to conjecture what immeasurable wastes of Arctic snows and ice must be presented to the eye of every one connected with these vicious corporations on taking its backward glance, as forty years and more of unrepented wickedness have, since this, passed over their heads. But perhaps no sense of imminent dissolution has caused any one to indulge in that retrospect so fiercely described by the then leading medical journal in 1839. It is quite clear that if strong language had any effect on corporations they must have been hammered to death long ago; yet they seem flourishing, full of life and vitality, still to be killed! That progress of Medical Reform, whose celerity in 1839 was so great that the *Lancet* despaired of keeping pace with it, and whose advent is yet being eagerly looked for, has been thwarted by want of real union within the medical body itself, whatever the professions which may have been trumpeted out.

When bodies hold their meetings *in camera* there is something going on of which they are ashamed, or on which they wish to individually hide themselves from outside indignation. Human nature courts no secrecy when it is really convinced of the uprightness and integrity of its conduct: it then welcomes the light of day. But when there is a crooked policy to be pursued, when the inward act is not to be in harmony with the outside profession, then the shelter of darkness is as desirable as is night for highway-robbery. If there be times when the deliberations may be concerned with private individuals, and it is felt that it might be well to keep the discussion to themselves, these must be few and far between; and it may be doubtful if it would not be as well for that individual and the world at large if it were publicly known what was said and who said it, even under those circumstances. If such occasions do at times

arise,—and possibly they do,—the exception should not outweigh the rule. It would be far more satisfactory for all that what is said be uttered in the light of day, and then perhaps the backbiter, so confident with his assassin's dagger in the darkness, would be less unscrupulous; and the man who would slander in private would shrink from having his statements tested by the object of his infamous insinuations: the men who in private act in the interests of the corporations, to the exclusion of everything else, would find in publicity a check put upon the tongue which wags freely in the safety of secret conclaves. There must be men, or at least beings attired as men, who uphold the course of conduct so vigorously condemned in 1839, and quite as culpable yet, considering the language of to-day: only, who are they? Some very proper whited sepulchres, doubtless, if they could only be dragged into the light of day as they appear in the shrouded darkness of secret conclave. Concealment ever suggests that there is something to conceal. It is pitiful, too, to think that our leading journal, the mouth-piece of the huge British Medical Association, has openly to avow its want of faith in the members of our profession, in that it begs for an outsider to preside over the General Medical Council to prevent its thwarting the action of a bill recommended by a Royal Commission of Inquiry, and to see the law loyally carried out "in the spirit." Some of the hard words used about myself for my outspoken expressions of opinion in these signed letters would never have been uttered if there had been any prospect that the speaker would be confronted with myself and the world be asked to judge between us. It is the man who goes about to do evil in secret that is wanted by an outraged profession just as much as the leaders of the Irish assassins are at present wanted by the executive of the British government.

But to turn to a more agreeable topic. The suffering which has recently been experienced by our ruler—who has hitherto been blessed with the most redundant health—has been fraught with the recognition of the attention given to the alleviation of sickness and suffering, so apt to escape notice in the time of health and strength. The sprain has left behind it troublesome consequences, which are passing away slowly. Since her accident her Majesty has performed two gracious acts. The first is an order established for those engaged in the work of nursing, which often requires great devotion and self-sacrifice. Its name is "The Royal Red Cross," and it is to be bestowed on all ladies, English or other, who shall distinguish themselves in connection with those who are sick or injured belonging to the services; but not, as yet, apparently including any persons connected with civil hospitals,—a distinction which will probably soon be abolished. One matter characterizes this new order, and that is a provision by which the name of any recipient who afterwards is guilty of unworthy conduct may be erased from the register. It is an honor only to be held on good behavior. The precedent so made might be extended to other honors with advantage: if an honor confers distinction, the wearer should continue to live up to the honor. The second is the conferring of a baronetcy on T. Spencer Wells, the world-renowned ovariotomist,—a well-earned honor. What are the merits of the new baronet it is unnecessary to say here: his name is a household word through the civilized world. Sir T. Spencer Wells passed into the ranks of the profession in 1841, and was a surgeon in the Royal Navy. In the Crimean war he was surgeon to the civil hospitals. Long ago he wrote a small work on gout. He contributed to the press and to certain cyclopædic works a number of articles on general surgery. At last his attention was turned to the subject with which his name is inseparably connected. For long the operation for removing diseased ovaries was spoken about, from William Hunter downwards; at last McDowell, of Kentucky, made it *un fait accompli*. The first to perform the operation in Great Britain was Lizard, in 1823. After a lapse of twenty years, the subject was taken up by Dr. F. Bird, and for many years it had a checkered existence, and was by many denounced as an utterly unjustifiable operation. Then Clay, of Manchester, tried his hand; Tyler Smith and Baker Brown followed, and then Spencer Wells and T. Keith, of Edinburgh, took it up. It is with a smile that one now reads what Erichsen wrote in 1864, not yet twenty years ago: "Much discrepancy of opinion has existed amongst practitioners as to the propriety of performing this operation, which has been chiefly condemned on two grounds: first, that, as the disease for which it has been proposed is not necessarily fatal, or, at all events, not incompatible with long life, it is not proper to subject the patient to a hazardous procedure for its removal; and, second, that the mortality from the operation is so high as not to justify the surgeon in performing it." Of course he answered these questions by disposing of them: still, he evidently felt it necessary to entertain them, the operation not then being an accepted one. Now no one for a moment would attempt to urge either plea. The ovariotomist of to-day will smile further at the statement, "the mortality after ovariotomy appears to be increased by the existence of adhesions." It is the unilocular cyst floating freely in the abdominal cavity which now rather is feared. If the peritoneum has once been seared by inflammation, it does not readily inflame again: that is the lesson of ovariotomy. Of course, extensive adhesions, especially to the liver, may be such as to cause the operation to be

abandoned. But, to speak broadly, the existence of adhesions, as testifying to the fact that the peritoneum has once been inflamed, is rather welcomed than otherwise by the ovariotomist. When Sir Spencer Wells took up the doubtful operation, he could have little surmised the success which was to crown his efforts,—the benefit humanity was to derive therefrom, the lustre which was to surround his name. As he advanced, it was most cheering to find a greater and greater measure of success to wait upon an enlarging experience, to see how his percentage of recoveries steadily rose, until the operation once doubtful from the mortality it involved has been raised to the pinnacle of the safest of all the major operations. The time, the patience, the skill, the attention to details, which have rendered such success possible, equal the boldness, the true courage, which inspired him to encounter all the risks and dangers inseparable from the venture. Mankind, or rather womankind, owes a deep debt of gratitude to him; and the first lady in the land has shown her appreciation of his life-work, in the honor she has bestowed upon him,—the highest honor open to our profession. The art of slaughter, not the art of healing, is the road to high honors in Christian countries, while literature disdains all titular reward. Fancy Lord Oliver Wendell Holmes, or, rather, try to fancy it! Lord Lytton and Lord Macaulay gained titular honors by other means than literature. How the hearts of all the admirers of the Boston Professor on this side of the water—and their name is legion—warmed on reading the account of the banquet given to him! Long may he live to give himself exclusively to literature, to the large class he has in the outside world, a class for number and quality unequalled in this planet! The wisdom which lies so close alongside the fun, the practical application of the teachings of physiology, especially as to the hereditary transmission of mental traits as well as bodily characteristics, the subtile touch on the springs of action, all combined and blended together with an eloquent flow of language, form an intellectual feast without parallel. All that we now desire is to have the opportunity of seeing him as well as reading his inimitable works,—of hearing that voice which speaks so clearly at the breakfast-table, and which, doubtless, lost some of its wonted firmness when asking the schoolmistress if she would take the long walk with him. His works are a mine in which future authors will dig and delve industriously,—*i.e.*, if they wish to be in harmony with the spirit of to-day. The physiologist has got a mission for humanity, as clear as ever that of theologist or moralist; and, if he could only preach after the happy manner of the "Autocrat at the Breakfast-Table," how much better would humanity be in that goodness which comes of knowledge! Wisdom does not absolutely demand to be enshrined in a huge dry tome.

J. MILNER FOTHERGILL.

PROCEEDINGS OF SOCIETIES.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

THE Fifth Annual Congress of the American Laryngological Association convened May 21, 1883, in the city of New York; the sessions, which were held in the hall of the Academy of Medicine, continuing three days. Thirty-six Fellows of the Association attended the Congress, and a number of visitors were also present. George M. Lefferts, M.D., of New York, President of the Association, conducted the proceedings with dignity and decorum, and displayed great executive ability. The papers read were unusually numerous, and were uniformly of a high order, though sufficiently varied as regards their subjects.

In the President's annual address, the present prosperous condition of the Association was referred to, and the Fellows congratulated upon the vitality of the organization. For the first time in the history of the Association, its membership had attained the constitutional limit of fifty. In order to provide for others, who stand applying for admission, he suggested, instead of increasing the membership, that a pruning process be inaugurated, by which the few drones in the hive might be displaced and active workers admitted in their places.

Under the title *New Facts in Laryngology*, Dr. Lefferts considered a class of cases, of which he cited two instances, which had attracted but little attention.

Their clinical history was usually as follows. A strong, apparently healthy man, sitting at the table, is seized with a short cough, and falls to the ground, unconscious, but without muscular movements. Almost immediately he rises and resumes his conversation as if nothing had happened. Such attacks occur very rarely, but there are more frequently attacks of partial unconsciousness, always accompanied by the same paroxysmal cough. Even the worst attacks are not preceded by a cry, nor followed by confusion of ideas. Charcot has described such cases as laryngeal vertigo; Grey considers them as peculiar manifestations of epilepsy; Dr. Lefferts, from two instances which had come under his observation, was more inclined to regard them as epileptiform, with the *aura* commencing in the larynx.

In the discussion, Dr. Elsberg expressed the opinion that the cases were those of adductor spasm, such as Hack had reported. Dr. Knight suggested that the unconsciousness might be caused by the respiratory disturb-

ance, in the same way that rapid breathing may cause it. Dr. Ingals noticed a resemblance between such cases and the temporary unconsciousness sometimes occurring in fatty degeneration of the heart.

A Common Form of Vocal Disability resulting from Pathological Processes was discussed in a communication read by Dr. S. W. Langmaid, of Boston. In professional singers the voice is sometimes found to fail uniformly at a certain point in the scale, while below this point it may be normal. This condition usually follows prolonged and excessive use of the voice, or it may happen as a result of sudden cessation of using the voice after its very active exercise. Examination of the larynx shows relaxation of the vocal bands, and the usual appearances of fatigue. The failure in singing the scale from below upwards occurs precisely at the point where the so-called change in the register occurs. The practice of falsetto upon these notes will eventually produce similar effects upon the larynx.

The Destruction of Nasal Polypi by Chromic Acid was advocated in a communication by Frank Donaldson, M.D., of Baltimore. The application of a paste of chromic acid he had found efficient in gelatinoid and adenomatous growth.

Chorea Laryngis was the subject of a paper by Dr. F. I. Knight, of Boston, in which cases were described which presented rhythmical movements of the palate and laryngeal muscles. Where the expiratory muscles are likewise affected, a barking cough is present. The coexistence of hysteria, general chorea, or the neurotic temperament would confirm rather than invalidate this diagnosis.

The Treatment of Laryngeal Phthisis, by Dr. E. Fletcher Ingals, of Chicago, and *The Healing of Ulcers in Laryngeal Phthisis*, by Dr. William C. Jarvis, of New York, both advocated local treatment, and cited cases where improvement had resulted, so that the patient could swallow his food with comparative comfort, and was free from pain: in some the ulcers entirely healed. The treatment was by sprays, applications to the ulcers of astringents, and the use of iodoform and other powders. Patients' lives may be prolonged, and certainly made more comfortable, by treatment, and in some cases they may entirely recover,—especially if a change of climate be made.

Paresis of the Constrictor Muscles of the Pharynx, simulating Spasmodic Stricture of the Œsophagus, was communicated, with reports of cases, by Dr. Frank H. Bosworth, of New York, who considered them to be myopathic and independent of any neurotic element.

Dr. J. Solis Cohen regarded the disorder as hysterical; but Dr. Bosworth believed that the existence of a certain amount of sluggishness observed in the muscles under mechanical and electrical stimulation would separate these cases from hysteria.

Photographing the Larynx was the subject of a lecture, accompanied by photographs of the living human larynx, by Dr. I. R. French, of Brooklyn. It was shown that photography might be made available for the study of the larynx, in both normal and pathological conditions. A camera was shown, which could be held in the hand, and by which instantaneous photographs could be taken, even without the knowledge of the patient. Photographs of the rhinoscopic image were also shown.

Congenital Tumors of the Larynx, with a report of five cases, was, in the absence of its author, Dr. H. A. Johnson, of Chicago, read by Dr. J. N. Mackenzie, of Baltimore. The growths were papillomatous, and, occurring early in life, were liable to be mistaken for croup, and might lead to suffocation unless tracheotomy was performed or thyrotomy done, and the growths removed.

In the discussion which was had upon this paper, a number of cases of a similar kind were reported.

Reflex Phenomena due to Nasal Disease were considered by Dr. Louis Elsberg, of New York, in which a wide range of symptoms were reported as having been relieved by attention to the accompanying nasal disorder. Among these are cough, melancholia, chorea, reflex epilepsy, neuralgia, gastric disturbance, uterine disorders and affections of the mucous membrane of the genito-urinary tract, pain and disturbances of special senses, vocal difficulties, glottic spasm, and bronchial asthma. He cited a peculiar instance of disease of the nasal passages, in which coitus always excited a violent attack of sneezing.

Smell, Hygienically and Medico-legally Considered, was read by Dr. Clinton Wagner, of New York.

Asymmetry of the Nasal Chambers without Septal Deviation was brought up for discussion by Dr. Harrison Allen, of Philadelphia. He had made an examination of a number of skulls, and had found that in the bony structures there commonly exists a want of symmetry between the two nasal chambers, apparently occurring quite independently of the condition of the septum. He concluded that obstruction in one nostril might thus exist from congenital causes, the nasal septum not being deviated, and consequently not admitting of relief by ordinary operations upon the septum. The difference between the nasal chambers is most marked in idiots, in whom asymmetry of the development of the skull is also seen, especially in the cerebral fossæ.

The Results of Treatment of Naso-Pharyngeal Polypi was ably treated in a paper by Dr. Rufus P. Lincoln, of New York, which contained a table of seventy-four operations by different surgeons, showing the relative mortality from different methods of treatment.

*

Three cases were reported treated successfully by Dr. Lincoln with the galvano-cautery écraseur. This method was advocated in preference to the ordinary surgical procedure of removal of part of the maxilla, which is more difficult, dangerous, and deforming; the operation is so severe that about one-third of the cases die. During the discussion on this paper a number of other successful cases were reported from the method practised by Dr. Lincoln.

An Illuminating Apparatus for Examining the Upper Air-Passages was shown by Dr. E. Holden, of Newark, which consisted of a small Edison lamp in a closed glass tube which could be introduced into the mouth. The apparatus was not yet perfect, but it promised to become useful.

A Case of Thyrotomy for Morbid Growth, with subsequent development of epithelioma in the cutaneous cicatrix, but without involvement of the interior of the larynx. This patient was sent to Dr. Cohen (who reported the case) from Delaware, with a laryngeal growth on the right vocal cord and ventricle, a portion of which was removed and pronounced a papilloma. He was 63 years of age; thyrotomy was performed, and the tumor was extirpated. Two years later the scar-tissue was attacked by epithelioma, which spread on the cutaneous surface but did not involve the larynx; during this period the larynx remained healthy, and the voice, which had been regained soon after the operation, continued strong. The patient thought that the ulceration was caused by the rubbing of the collar against it, although it had been worn loose on purpose to avoid such irritation. The patient died of exhaustion six months later. This appeared to be a case of malignant disease from local irritation of a cicatrix.

Some Experimental Researches on the Tension of the Vocal Bands, made in the physiological laboratory of Harvard Medical School, were reported by Dr. F. H. Hooper, of Boston. The action of the crico-thyroid muscle, and the effects of the expiratory blast of air, were the special topics investigated by Dr. Hooper in conjunction with Prof. Henry P. Bowditch. The function of the muscle is not to tilt the thyroid downward and forward upon the cricoid, but the experiments conclusively proved that its action is to draw the cricoid cartilage forcibly upward on to the thyroid, the latter being the fixed point: the name, therefore, should be *thyro-cricoid*, instead of crico-thyroid. The expiratory blast of air acts as a tensor of the vocal cords, not merely by a direct action upon these structures, but also by causing a lifting of the cricoid cartilage on to the thyroid. He concluded that "(1) The cricoid cartilage is the most movable part of the laryngo-tracheal tract. (2) The thyro-cricoid muscle, according to its physiological action, should be described as arising from the thyroid cartilage, and inserted into, and giving motion to, the cricoid. (3) The air-blast, in virtue of the mechanism set forth, is a direct and important longitudinal tensor of the vocal bands."

Aural Complications of Inflammatory Conditions of the Nose and Throat were considered in a paper by Beverley Robinson, M.D., of New York, in which the agency of diseases of the upper air-passages in determining ear-affections, and the importance of recognizing this connection in treating aural disease, were discussed and illustrated.

The Lacunæ Tonsillarum was the title of a paper by Dr. D. Bryson Delavan, of New York. The anatomical structure of the crypts of the tonsils, caused by involutions of the mucous surface, shows the importance of making applications to their interior, and not simply confining them to the general surface of the tonsil in cases of disease of this organ. Dr. Delavan advised first cleaning the crypts with absorbent cotton and then applying the astringent or caustic by means of a probe. A small splinter of wood dipped in fused nitrate of silver is convenient for use in this way, as it can easily be held in the forceps, and thrown away after it is used.

The Value of Post-Laryngeal Papillomata as a Means of Diagnosis of Tubercular Disease was urged by Dr. G. W. Major, of Montreal, Canada. Attention was also directed to the velvety condition of the mucous membrane of the larynx, especially the inter-arytenoid fold and posterior commissure; but papillomatous growths occurring early in the disease were considered characteristic of tuberculosis.

A Case of Enormous Tumor removed from the Glosso-Epiglottic Sinus was reported by Dr. E. C. Morgan, of Washington, D.C. The tumor was an immense myxo-sarcoma, nearly filling up the posterior portion of the mouth, threatening suffocation, and greatly interfering with deglutition; it had a narrow pedicle, and was removed simply with the fingers, being twisted until it was separated from its base, and was drawn out of the patient's mouth without instrumental aid.

A Case of Sudden Death after Tracheotomy was reported by Dr. Morris J. Asch, of New York. The patient had tracheotomy performed for paralysis of the adductor muscles of the larynx, which threatened suffocation. On the fourth day after the operation, although he had been doing very well, he suddenly died while the physician was making his visit. At the autopsy no organic cause for death—except a heart-clot—was discovered, and the conclusion was reached that he died of syncope or fright, as he had been greatly alarmed about his condition.

Adhesion of the Velum to the Walls of the Pharynx was the subject of a paper by Dr. Andrew H. Smith, of New York, who presented a case of almost complete occlusion of the cavity of the naso-pharynx from that of the mouth, due to syphilitic ulceration.

NEW REMEDIES.

DIAPHORETICS.

PARKE, DAVIS & CO.,

Manufacturing Chemists,

DETROIT, MICH.

The remedies whose action is directly diaphoretic are so few that any additions to those which have heretofore been classified as possessing this property are of more comparative value than additions under the other heads covering the classification of drugs. This poverty of diaphoretics is the most convincing argument for a thorough trial of such of the following drugs as have not as yet become thoroughly known.

JABORANDI.

(Pilocarpus Pennatifolius.)

This Brazilian drug, though but a comparatively recent introduction to the materia medica, is already so well known as to render a consideration of its properties scarcely less necessary than would be a consideration of those of opium or any of the other standard drugs. It is, *par excellence*, the diaphoretic of the materia medica. We desire more especially in this place to ask attention to our preparations of it —the fluid and the solid extracts. We vouch for the conformity of these to the recognized standard of active principle. Our experience in the matter of new drugs has taught us the necessity of unusual care in the selection of the crude drug for pharmaceutical preparations. The liability to deception in these is, through the limited familiarity with their peculiarities on the part of both physicians and pharmacists, incomparably greater than in the case of old and standard drugs, and the newer introductions to the materia medica have not infrequently been made to suffer disrepute through this cause. In the case of Jaborandi, as in that of all the other newer remedies, the specification ("P., D. & Co.") on the physician's prescription will insure a preparation of full physiological activity.

SIERRA SALVIA.

(Artemisia Frigida.)

Although this drug is also classified as a diuretic, it is likewise, in conformity to a well-known physiological law, when the surface is kept warm, a diaphoretic. Illustrations of this dual action of drugs are furnished in the case of other diaphoretics, as, for instance, sweet spirit of nitre, etc., which act on the kidneys or the skin accordingly as the latter is kept warm or cool. Given in the form of a warm infusion, and with the patient's surface kept properly warm, Sierra Salvia is an active diaphoretic, and is especially indicated in the case of the eruptive fevers. Its diaphoretic action is notably more decided than that of any of the warm vegetable infusions popularly employed.

ELEPHANT'S FOOT.

(Elephantopus Tomentosus.)

Elephantopus Tomentosus is a drug of whose direct diaphoretic properties we are not yet fully assured by any considerable number of reports. We submit it on the authority of Dr. Newlon, of Kansas, who speaks warmly in its behalf. We solicit for it that thorough trial which is necessary to fix its place in the materia medica.

DETROIT, MICHIGAN. { PARKE, DAVIS & Co., MANUFACTURING CHEMISTS. } New York: 60 Maiden Lane and 21 Liberty St.

BOUDAULT'S PEPSINE.

The only Pepsine used in the Hospitals of Paris for the last 30 years.

Unlike the various substitutes which, in some cases, are but unscientific or incompatible compounds, forced upon the Medical Profession as aids to digestion by extensive advertising, but which, when submitted to the proper tests, are found to be almost useless as digestive agents, Pepsine is constantly gaining in the esteem of the careful practitioner.

Since the introduction of Pepsine by Boudault and Corvisart in 1854, the original BOUDAULT'S PEPSINE HAS BEEN AT ALL TIMES CONSIDERED THE BEST, as is attested by the awards it has received at the Expositions of 1867, 1868, 1872, 1873, in 1876 at the Centennial Exposition of Philadelphia, and in 1878 at the Paris Exposition.

The most reliable tests, carefully applied, will satisfy every one that BOUDAULT'S PEPSINE HAS A MUCH HIGHER DIGESTIVE POWER than the best Pepsines now before the Profession, and is therefore especially worthy of their attention.

With a view of bringing this important remedy within the reach of all, *the price has been materially reduced.* It is now not only the best, but comparatively the cheapest.

In answer to frequent calls, another preparation is now offered,

BOUDAULT'S SACCHARATED PEPSINE,

having the same high digestive power as the amylaceous; it will be sent only when specified.

Boudault's Pepsine is sold in bottles of 1 ounce, with a measure containing exactly 5 grains; also in bottles of 4, 8, and 16 ounces for dispensing.

Boudault's Saccharated Pepsine is sold in bottles of 1, 4, 8, and 16 ounces for dispensing.

Besides Boudault's Pepsine in powder, we offer also

BOUDAULT'S WINE OF PEPSINE.

In this preparation the taste of Pepsine being perfectly disguised, it may be recommended to persons who have difficulty in taking Pepsine in the form of powder.

DR. RABUTEAU'S

(Laureate of the Institute of France)

DRAGEES, ELIXIR, AND SYRUP OF IRON.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir, and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Comptt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hôpitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

A sample of Rabuteau's Dragees will be sent free to any physician mentioning THE MEDICAL TIMES.

Prepared by CLIN & CO., Pharmacists, Paris. E. FOUGERA & CO., Agents for the United States.

TANRET'S PELLETIERINE

FOR THE TREATMENT OF TAPE-WORM (TÆNIA SOLIUM).

This New Tæniafuge, the active alkaloid of Pomegranate Bark, has of late come into extensive use in France for the treatment of Tape-Worm (Tænia Solium). The results of numerous experiments with it at the Marine Hospitals of Toulon, St. Mandrier, etc., and in the Hospitals of Paris, St. Antoine, La Charité, Necker, Beaujon, etc., have all been most satisfactory. Dr. Dujardin-Beaumetz, Member of the Academy of Medicine, and Prof. Laboulbène, in their report to the Society of Therapeutics, have given it their unqualified approval after the most searching experiments. This preparation is pleasant to administer, and, if certain preliminaries are observed, success will be insured. Pelletierine is prepared by

M. CHAS. TANRET, Pharmacien de 1re Classe, 64, Rue Basse du Rempart, Paris.

DUCRO'S ALIMENTARY ELIXIR,

A COMBINATION UNITING THE PROPERTIES OF

ALCOHOLIC STIMULANTS AND RAW MEAT.

This preparation, which has been used with great success in the hospitals of Paris since 1868, is adapted to the treatment of all diseases requiring the administration, in a small volume, of a tonic able to stimulate and support the vital forces, as *Pulmonary Phthisis, Depression and Nervous Debility, Adynamia, Malarious Cachexia, etc.*

Prepared by EMILE DURIEZ & CO., Successors to DUCRO & CIE., Paris.

Agents for the United States, E. FOUGERA & CO., NEW YORK.

Cases were also exhibited by Dr. Jarvis, Dr. Lincoln, and others. Instruments were shown by Drs. Jarvis and De Blois.

At the business session the following resolutions were adopted, on motion of Dr. Morgan, of Washington:

"*Whereas*, This Association observes that a bill reported in the last session of Congress, by the Committee on Public Buildings, recommending the erection of a fire-proof building in which to place the Library and Museum of the Surgeon-General's Office, failed to become law, and in view of the signal utility and value to its members, as well as to the medical profession generally, of the unequalled collection of books forming the Library, it is therefore

"*Resolved*, That the American Laryngological Association regards it as a clear duty of the Forty-Eighth Congress to make the necessary appropriation for the erection of a fire-proof building to contain the treasures in question, which, if destroyed, would be absolutely irreplaceable.

"*Resolved*, That Congress should be urged to make an annual appropriation sufficient for the purchase of all new books pertaining to medicine, and to authorize the completion of the Index Catalogue, for the benefit of the medical profession of the United States.

"*Resolved*, That, in the opinion of the Association, the Library and Museum should under no circumstances be dissevered, and should be kept under the same management that has made them what they are.

"*Resolved*, That we pledge ourselves, individually, to make these views known to Senators and Members of Congress, as far as we are able."

A copy of these resolutions, signed by the officers of the Association, was directed to be sent to each House of Congress at its coming session.

The reports of the Secretary, Treasurer, Librarian, and Auditing Committee, also of Committees on Nomenclature, on Diploma, and on Seal, were all made in private session.

Two resident Fellows were elected at this meeting,—W. C. Chamberlain, M.D., of Hartford, Connecticut, and John N. Mackenzie, of Baltimore, Maryland,—both of whom were present.

The annual dinner of the Association was given at Delmonico's, at the close of the first day's session; and the President, Dr. Lefferts, entertained the Association by a theatre-party and a supper at Delmonico's on the following evening.

OFFICERS FOR 1883–84.

The following names were presented by the nominating committee, and unanimously elected:

President.—Frank H. Bosworth, M.D., of New York.

Vice-Presidents.—S. W. Langmaid, M.D., of Boston, and S. Johnston, M.D., of Baltimore.

Secretary and Treasurer.—D. Bryson Delavan, M.D., of New York.

Council.—Andrew H. Smith, M.D., of New York, Harrison Allen, M.D., of Philadelphia, Morris J. Asch, M.D., of New York, and Beverley Robinson, M.D., of New York.

The Association adjourned, to meet on the third Monday in May, 1884, in New York City.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, THURSDAY, May 3, 1883.

The President, R. A. CLEEMANN, M.D., in the chair.

DR. WILLIAM GOODELL related the history of

THREE STUBBORN CASES OF VESICO-VAGINAL FISTULÆ SUCCESSFULLY TREATED AFTER THE OPERATION WITHOUT THE USE OF THE CATHETER.

The first one, after a non-instrumental labor lasting from a Tuesday evening, when the membranes broke, to a Friday night, found that her urine dribbled away immediately after the birth of the child. The fistula was situated so close to the cervix as to implicate it, and was quite large. Sixteen months after the accident she was operated on by a distinguished surgeon, whose success in uro-genital fistulæ is very great. He turned the cervix into the bladder, and successfully cleared up all the rent save a small portion of it. On this fistula he operated three times, without any union whatever. In each instance the urine dribbled away before the stitches were removed, and on two occasions an alarming hemorrhage came per vaginam. This information Dr. Goodell obtained from the surgeon himself.

Early in 1877 Dr. Goodell operated on her at the Hospital of the University of Pennsylvania, and put in Sims's self-retaining catheter. Eight sutures were needed to close the opening. The next day a hemorrhage from the bladder, possibly menstrual, took place, and lasted several days. A fever also set in, which gave some alarm. When the stitches were removed, very little union was found to have taken place. Four months later, Dr. Goodell operated for the second time, and, thinking that the vesical hemorrhage in the preceding operation was caused by the irritation of the self-retaining catheter, he treated her without one. The first twenty-four hours her urine was drawn off every four hours, but afterwards she was allowed to pass it herself. No hemorrhage occurred, and perfect union took place.

The second case was also one of tedious

labor in which the forceps were not used. The fistula at first was a very large one, and was most skilfully closed by an excellent surgeon. A very small fistula, however, remained at each angle of the wound. These defied repeated operations on his part, and the case finally drifted into Dr. Goodell's hands. Twice the latter operated at his private hospital on these fistulæ, using the Goodman self-retaining catheter, but each time vesical and uterine tenesmus set in, and the result was a failure. Both fistulæ were then burned with the actual cautery, and one of them closed up, but the larger one resisted this treatment, as well as that by nitric acid. He then operated upon it a month ago for the third time, dispensing with the use of the catheter. The lady was instructed to pass her water before the desire became urgent. Neither vesical nor uterine tenesmus occurred. The stitches were left in for fourteen days, and union was complete.

The third case was the result of a short labor, and the cause of the fistula is obscure, as the lady was attended by a midwife who pulled and tugged away at something after the birth of the child. The late Dr. H. Lenox Hodge had operated five times upon it, closing all but a small fistula which lay at the junction of the neck of the bladder with the urethra. Dr. Goodell closed this fistula at the Hospital of the University three weeks ago with eight stitches, and, fearing that the catheter would interfere with union, dispensed wholly with it. The success was complete.

From these cases, and from others which he had met with, Dr. Goodell was led to think that the catheter might, as a source of irritation, oftener be dispensed with very advantageously in the treatment of these fistulæ. He cited the practice of the late Dr. Simon, of Heidelberg, who was a very successful operator and yet rarely resorted to its use. He also called attention to the fact that in these cases, and in the very great majority of the cases he had met with, the forceps had not been resorted to, showing that it was not the use of that instrument, but its neglect or the delay in its use, that caused the mischief. In fact, he could not recall a case in which the lesion could be attributed to instrumental delivery. In the general experience of surgeons, very small vesico-vaginal fistulæ were harder to cure than moderate-sized ones. One reason for this is attributable to the fact that they usually are found in sites difficult to reach; and another, that the operator is unwilling to enlarge the small opening by bold incisions, and fails from too small a denuded surface. Including the one previously referred to, he had closed two of them by means of the actual cautery.

Dr. ALBERT H. SMITH remarked that these cases were of great interest. He had been taken by surprise when Dr. Simon announced his plan of treatment without the catheter, as he had been afraid of the strain on the stitches resulting from the accumulation of urine in the bladder. The presence of the self-retaining catheter must necessarily be a source of irritation and vesical tenesmus. The small holes in its bulb may become occluded by mucus, or clot, and then it would act as a plug instead of a drain. In those cases in which the loss of substance in the vesico-vaginal septum has been very great and the mucous surface of the bladder has been prolapsed into the vagina, the capacity of the bladder becomes small, and it must be emptied frequently, or the tension on the stitches becomes too great.

He had been gradually led to the conclusion that it would be better not to use the catheter after trachelorrhaphy and perineorrhaphy unless called for by special circumstances. There are cases in which, in consequence of mental influence or the effect of position, the patient cannot pass her water for weeks after labor, in which no injury or long or undue pressure has occurred.

Dr. R. P. HARRIS had recently operated for the restoration of a very long perineum: the last stitch was almost on a line with the orifice of the urethra, and the nurse was not able to introduce the catheter. He placed the patient in a sitting position to pass her water, and used a male catheter tied on the tube of a Davidson syringe to wash out the vagina.

Dr. GOODELL is by no means a convert to treatment in this class of cases without the employment of the catheter; for he had been too successful with it. He prefers the Goodman modification of the Skene self-retaining instrument, but he always makes certain that it did not impinge on the wound. He has recognized the influence of mind and of position on the ability to pass water, and he thinks the use of ergot, so general before the third stage of labor, is one cause of the difficulty, as it is quite possible that it may cause a spasm of the urethral constricting fibres. He would like to dispense with the use of both catheter and syringe after perineorrhaphy, as he has found injuries to the anterior angle of the wound by the syringe and the fingers of the nurse while introducing the catheter. He has been in the habit of putting one stitch through the sound skin above the denuded surfaces, to prevent this injury. In one case, recently, the Goodman catheter slipped out twenty-four hours after perineorrhaphy, and he did not replace it, the wound healing. He always uses the catheter after trachelorrhaphy.

Dr. WILLIAM GOODELL also exhibited

TWO OVARIAN TUMORS, ONE OF THEM OF DOUBTFUL CHARACTER.

The one of doubtful character was removed from an unmarried woman, aged 27, who had not menstruated for over a year. It was first

discovered nine years ago, but gave no trouble until two and a half years ago, when ascites set in. She had been tapped fourteen times when Dr. Goodell first saw her. She was very thin, pale, and so weak as to keep her bed. He recognized a hard tumor floating in the ascitic fluid, giving the feeling of ballottement, and diagnosticated it as either a solid ovarian tumor or a pedunculated fibroid.

On the 18th of last April he removed it, at the University Hospital, and found it to be a hard, solid, nodular tumor of the right ovary, with evidences of papillomatous degeneration. It had merely omental adhesions, and had a long, slender pedicle, twisted many times on its axis. It was evident that the ascitic fluid was secreted directly from the tumor, and did not come from pressure on abdominal veins or from irritation of the peritoneum.

The other cyst was removed also at the Hospital of the University, and on the same day, from a married woman, aged 26, who noticed it two months after her marriage, and about four months ago. The cyst was as large as the adult head, and was apparently attached to the womb, which was drawn upward and gave a measurement of four inches. It was operated on early because it caused great vesical disturbance. The lower portion of the cyst was found enveloped in the broad ligament, close up to the womb, and had to be enucleated. It was this condition that gave the symptoms of uterine attachment.

The cyst was that of the left ovary, but, as the right ovary also presented tokens of degeneration, it was also removed. Both women recovered promptly, although the first one had, on the third day, a severe attack of mumps, which appears to be prevailing in this city as an epidemic. The ascitic fluid, which was straw-colored and syrupy, was not examined microscopically.

Dr. M. O'HARA wished to know how Dr. Goodell could decide quickly between mumps and septic parotitis. He also spoke of the reflex action of the sexual organs, as shown by the frequent occurrence of salivation during pregnancy. In a recent case of cancer of the rectum the first symptom observed was excessive secretion of saliva.

Dr. ALBERT H. SMITH remarked that mumps was a very interesting and very perplexing disease. He had seen cases of extension of the disease without retrocession in adult women to mastitis and ovaritis, the swelling of the parotid gland being rapidly followed by the involvement of the sexual glands, the inflammation of the ovaries being accompanied by local peritonitis. A singular question was raised by the case of a young man who went to Florida directly after marriage, and on the return-trip by sea experienced a severe attack of mumps: it was complicated by orchitis, the inflammation being of high grade, with great increase of temperature and rapid pulse. No atrophy of the testicle has occurred, but the union has been sterile, and there is no known fault on the part of the wife. The semen has not been examined microscopically to ascertain the presence of spermatozoids. The mastitis accompanying mumps has never, in Dr. Smith's experience, run into suppuration, but is accompanied by febrile action of a high grade. He has seen the ovary the original point of attack, the inflammation of the mammary gland being later. It is a marvel of pathology that this disease, which affects in childhood the salivary glands only, should in adult life affect the sexual glands also. He has never seen a case of atrophy of the testicles following mumps.

Dr. GOODELL recognized mumps in this case by his experience in two previous cases of mumps with severe symptoms in adults. The pulse does not become so frequent as in septicæmia, and the eye remains clear and does not acquire that glassy appearance so indicative of a fatal issue. Dr. Goodell has never seen the involvement of the breast and ovary. A peculiar relation between the sexual organs and the glands of the neck is shown by the habit of a Roman matron, who measured the throat of her daughter before and after the marriage-night, to ascertain if the young husband had properly performed his marital duties and if they had been properly received.

Dr. ALBERT H. SMITH exhibited a set of hard-rubber

URETHRAL DILATORS.

The set consists of ten pieces, with two handles into which they can be screwed; the smallest bougie is twenty millimetres in circumference at the point and twenty-eight millimetres at the largest part, the tapering in each bougie being eight millimetres, and a difference of six millimetres between each one and the largest circumference of the next in the scale. The largest one is eighty-two millimetres at the largest part, and would be useful as a rectal dilator. He had been very much surprised at a statement made by Dr. Emmett at the last meeting of the Gynæcological Society in Boston, that dilatation of the urethra almost universally causes laceration and is followed by permanent incontinence of urine. Dr. Smith has been in the habit of doing it frequently and fearlessly, without hesitation, not only in diseases of the urethra and bladder, but for exploratory purposes, and for the removal of stone, and also as a step in the operation of anterior elytrorrhaphy, that by means of a finger in the bladder he may judge of the thickness of the walls in denuding the vaginal surface, and place his sutures satisfactorily. He has never had incontinence of urine to last over twenty-four hours from this procedure.

Dr. R. P. HARRIS had seen a large number of dilatations of the urethra without any bad effect. He would consider the method of Dr. Smith better than any other plan, as it would make a perfectly even and uniform pressure on every portion of the urethra, with a very gradual action, free from the dangers incident to the opening of any form of instrument with blades.

Dr. GOODELL was much obliged to Dr. Smith for exhibiting these instruments, and would get a set of them. He has entirely dropped Simon's dilators, and has for some time been using his little finger as the best dilator. He has not had any trouble from laceration or incontinence. In one case, in which he resorted to dilatation and treatment to the mucous surface of the bladder as a cure for cystitis following labor, incontinence remained for a long time, but gradually disappeared. He knew of laceration and incontinence in two instances resulting from the use of the thumb as a dilator. Dilatation alone is a good treatment for many cases of irritable bladder.

Dr. WILLIAM H. PARISH narrated the case of a widow operated on by Dr. Goodell by dilatation, for the relief of a very aggravated case of irritable bladder, the result of a gonorrhœa contracted years before from her husband, and which had been followed by cystitis. It was greatly relieved for several months, but not cured, by dilatation; but the relief was only temporary. The patient passed under the care of Dr. H. Lenox Hodge, who cauterized the urethra by means of Paquelin's cautery. In consequence of the illness and death of Dr. Hodge, she came again under the care of Dr. Parish, who commenced treatment by the injection of a solution of nitrate of silver, very strong at first, but weaker on subsequent applications. The trouble has passed entirely away. There are two causes of fissure in dilatation: the first is, too rapid expansion of the dilator; the second, changes in the mucous membrane, as from inflammatory action, particularly if caused by gonorrhœal poison.

Dr. CHARLES H. THOMAS had lately procured a set of nickel-steel instruments of about the same taper and for the same purpose as those exhibited by Dr. Smith. The set consisted of sixteen pieces; there were one and a half millimetres as the scale, and each dilator tapered five millimetres from the point to the largest circumference of the shank; they ranged from twenty-five to fifty millimetres. He has tried in some cases using every second instrument, making rises of three millimetres, but has found that the pain was increased by so doing. He has never known of a case of incontinence caused by dilatation, but has heard of such from the hands of two celebrated surgeons of this city. He thinks dilatation to the size of the finger a good treatment for the relief of irritable bladder in connection with irritation of the urethra and neck of the bladder. He related the history of two cases in which this condition was complicated and made persistent by sphincterismus of the sphincter-ani muscle; dilatation of the urethra in these cases, although a benefit, did not cure the trouble; but when to this was added dilatation of the sphincter ani, so that two fingers could be introduced back to back and a good dilatation secured, the cases were permanently cured.

Dr. B. F. BAER has practised dilatation of the female urethra a number of times, and has had no instance of continued incontinence. He would, however, question the propriety of ever using a large-sized dilator, except for the purpose of removing a calculus from the bladder; and even in that case he thought it might be better to allow the stone in the grasp of the forceps to finish the dilatation than to use mechanical dilators to secure the full extent needed. In one instance, incontinence lasted several weeks after dilatation, but final recovery was complete, solutions of carbolic acid having been applied in the mean time for the cure of an irritability of the bladder and urethra.

Dr. PARISH would like to hear from Dr. Smith respecting the indications for probable success in treatment by dilatation of the urethra for the relief of irritation of the bladder.

Dr. SMITH, in reply to Dr. Baer, remarked that no canal of the body should ever be dilated beyond the actual necessities of the case; such a principle is unquestionable; but no form of dilator could be worse than the irregularities and roughness of a calculus, increased in size as it would be by the grasping forceps, which would present but two points of contact with the urethra and render laceration quite probable. In a patient recently under his care he had reason to suspect the existence of papillomatous growths on the mucous surface of the bladder; he dilated the urethra, using the largest size of Simon's dilators and completing with a Molesworth's dilator expanded very slowly. He was able to evert the bladder through the urethra, and removed the vegetations by means of scissors. There was no laceration or incontinence resulting from this procedure. The danger is in too great haste. In reply to Dr. Parish, he said that dilatation is usually resorted to for exploratory purposes, removal of stone, growths on the vesical wall, or to ascertain the thickness of the wall of the bladder, and to introduce a finger into that viscus to guide the sutures in plastic operations upon the vagina. Irritability of the neck of the bladder can generally be relieved by dilatation, but it sometimes fails to cure. Dr. Smith prefers hard rubber to plated metal as the material for the dilators; it is lighter in weight, is not liable to corrosion, and is more easily kept clean. He

thinks the multiplicity of instruments in Dr. Thomas's scale a disadvantage, and that time is lost and irritation caused by introducing several instruments in place of allowing one to remain a longer interval.

REVIEWS AND BOOK NOTICES.

HYGIENIC AND SANATIVE MEASURES FOR CHRONIC CATARRHAL INFLAMMATION OF THE NOSE, THROAT, AND EARS. Sixteen Illustrations. Second Edition. By THOMAS F. RUMBOLD, M.D., etc. St. Louis, Medical Journal Publishing Company, 1882.

The preface to the second edition tells us that an author is pleased by the rapid sale of his works, that the treatise before us occupies new ground and advances novel themes, that no attempt has been made to exhaust any one subject, that the author is very certain that hygienic and sanative measures are the most successful remedies against catarrh, and that catarrh is the original cause of many diseases not generally traced to it, and especially of mental disease, "there being few severely-affected catarrhal patients whose minds are not to some degree affected."

Now, some one has advanced the rough statistical statement that in the United States alone there are about ten million sufferers from catarrh, and the religious press has for many years teemed with "catarrh cures," read with open-mouthed interest on quiet Sunday afternoons in New-England villages and Western frontier towns, till the name of catarrh has become blended in the mind with one or another form of religious belief, and the catarrh cures eagerly embraced as emanating from a religious fountain, and, ignominiously failing, have threatened in their own fall to undermine the very foundations of the faith. The popular idea of catarrh differs also somewhat from the medical, and approaches much more nearly to ozæna; but the catarrh of the ten millions can scarcely be considered as a true disease, but rather as the effect upon the average nasal membrane of climatic causes, heat and cold, dryness and moisture, too rapidly alternating and too excessive for the average nasal membrane to resist successfully. The nose that is catarrhal at Boston may be healthy in Philadelphia, or may suffer severely here and be cured by a sojourn in the Southern States. Whether our noses are growing weaker with each generation in Northern America, or whether the climate be too much for any nose to stand, is a question we leave to others; though Europeans arriving in our midst are often rapidly attacked.

The author thinks that constant violation of the laws of health is one great reason for our catarrh. Oft-repeated colds, he says, leading to it, "let us avoid oft-repeated colds." Here we have the hygienic measure in a nutshell. But how to avoid them? how, when business must be carried on, when open-air exercise must be taken, can we avoid contracting colds in a climate where a fall of forty degrees in a day is nothing uncommon? The author answers, clothes. This is one way; but his idea of hygiene in catarrh is so far-reaching and extensive that it is possible that he himself fails to foresee its great value to the patient and the community, for among the provoking causes of the disease are errors of temper, an irritable disposition,—and here he invades the domain of religion and morality, with which, as we have hinted, catarrh is closely connected,—the use of tobacco, abstinence from which threatens the cuspador industry, diseased gums and teeth, stimulating the business of the dental practitioners; and, unless all these matters are attended to, "the disease cannot be controlled by either a local or constitutional treatment." And the treatment, when successful, with all the assistance the patient can render, takes many months, and the hygienic measures must be continued for years afterwards, or "so long as there is a susceptibility to take cold;" in short, till cold takes us to its deadly embrace.

And, first, the author would oblige us to concede "that every individual who has been in the habit of taking cold in the head has catarrh" already, and, as almost every one is in the habit of taking cold, he would ask us to admit that almost every one in the community has catarrh and is a fit subject for his hygienic local measures, thereby affording us a glimpse of the wide field which he proposes to cultivate,—a field of almost the whole population of the Northern American States: so that, all moral and physical hygienic measures, including abstinence from tobacco, being necessary for cure, and the entire community needing the cure, catarrh and its cure threaten in his hands to become the great religion of the future,—a sort of catarrhal-army movement, by which men, for fear of catarrh, present and to come, will lead virtuous, continent lives, eat and drink properly and soberly, avoid tobacco and hurtful stimulants, keep their tempers in restraint, avoid hardness and cruelty to others lest they cause them to have catarrh, and, in short, life will become a struggle to fly from the catarrh to come, while the moralist will be obliged to shelter himself behind the banner of the catarrhal hygienist, and the reason why now the religious press teems with catarrh cures, and the mysterious bond between religion and catarrh, will be fully revealed.

By a reversal of the argument, however, may not religion and education be a cure for catarrh, and is there not some instance known of a heathen nation afflicted with catarrh being cured by conversion and missionary effort? We fear not, as the American Indian by his extreme care in avoiding exposure and

draughts seems naturally free from the disease, the Esquimaux protects himself too carefully with furs and train-oil, and all the other heathen nations we can think of have been, sad to say, residents of warmer climes.

The author believes that, in general, if chronic nasal inflammation has produced no painful symptoms it is curable, though painful cases, if quite young, may recover rapidly. Old age too, even when no suffering exists, is a bar to cure. Enlargement of the tonsil, and its accompanying difficulty of nasal respiration, is an early symptom. Our author says, "The greatest hardship that a child experiences is the act of blowing its nose in obedience to its parent's direction;" yet so strong is the religious element in catarrh that we nowhere find him advising the child to blow its nose as a distinct act of disobedience. At the age of fifteen he believes ninety-five per cent. of cases curable, while at twenty the sufferers begin to take precautions themselves against cold, and, strange to say, are almost always orphans, since they do this, he says, "not from experience so much as from obedience to their guardians' instructions." After forty years "a promise of a complete cure cannot be given."

On page 37 we read, "A cold should be driven away as soon as possible." This the author does by sulphate of quinia, ten grains at bedtime and five in the morning, with a laxative pill; but it does not seem to have occurred to him that the habitual use of a laxative, if successful, simply weakens the bowel and prepares the way for that intestinal catarrh which is already so troublesome. As for pure hygienic measures, the bonnets of women should give place to hoods and wraps; the bald head should have a wig or cap; the sensitive, a night-cap; infants, light caps by day and thicker ones at night for eighteen months, and children night-caps till ten years of age in the colder seasons. The hair of males should not be cut short or shampooed, but rubbed with vaseline once a week. Furs and tight shirt-collars are injurious for the neck. But in the matter of underclothing the author fairly revels: especially are women his victims. Three suits, one above another, are requisite for cold weather; in the coldest, four. It seems no wonder that his patients exclaim that they have no shape and are as broad as they are long. In addition there are chest- and back-protectors, and only where the night-cap crowns all are the sufferers from catarrh safe; but he has forgotten to add a respirator, and some telephonic means by which the victim can communicate through her garments with relatives and friends.

The oil of the body being a very precious substance, we are told that underclothes should be seldom changed, not—as, considering the vast number ordered, we should suppose—from economical motives, but because "every change robs the surface of a portion of the oil." Of course soap and water are not to be thought of. On the feet two pairs of stockings are advised, one pair cotton, one woollen, and when the double soled and uppered shoes are removed a heavy pair of woollen stockings should be drawn on in addition. At bedtime the feet should be soaked in warm water and anointed with vaseline; and, lest the warmly-protected creature, if a female, should take cold in parting at night with her lover at the gate, with fiendish humor the parent or guardian is advised that a gate can be constructed in a room adjoining the parlor.

Tobacco being an exhilarating herb in the author's estimation, he spends whole pages in proving that it is only so to those depressed by using it previously. Its effects on the nasal membrane are frightful, especially in light-haired smokers. If a light-haired boy uses tobacco inordinately, "life will be shortened many years," and after death mortification will begin first in the nasal cavity. The whole argument, whatever it is worth, is directed unconsciously against inordinate—not moderate—use of the weed, and the author himself is a reformed immoderate smoker. His most successful antidote for tobacco-chewing is one-quarter grain of quinine on the tongue, and the mastication of a small plug of "fat yellow pine."

The last third of the book is occupied with directions for cleansing the nose and ears, and is profusely illustrated, so that even a child may easily injure itself in an irreparable way after quite a short study of the pictures; but there is something of considerable value in what is said against the too prevalent habit of expectoration and forcible clearing of the posterior nares, which will, we trust, neutralize any bad pictorial effects.

In concluding the notice, it is fair to say that—the author notwithstanding—chronic catarrh is by no means purely the result of repeated acute attacks, and that it probably arises in most cases not from general repeated chilling of the cutaneous surface so much as from repeated irritation of the nasal membrane itself by inhaling the dry, cold atmosphere of our climate; that this, when the constitution is weak, and the membrane not very resistant, sets up the chronic condition, and that at any time for years a removal to a better air would result in cure; in fact, the author in his onslaught upon tobacco grants the whole case; and, further, it seems to require a constitution impaired by more than mere susceptibility to develop the serious catarrh which ends in ulceration and necrosis, and a constitutional taint of a decided character, syphilitic or scrofulous, may always be found, if sought for closely, in such cases. E. W. W.

THE University of Cambridge, England, is about to confer the degree of LL.D. upon the French *savant* Pasteur.

GLEANINGS FROM EXCHANGES.

HYGIENE OF ALBUMINURIA.—Senator (*Berlin. Klin. Woch.*) especially emphasizes the following features of the hygienic treatment of albuminuria: (1.) The question of the nourishment of patients with nephritis should include a consideration of the influence exercised upon the albuminuria both by the condition of the digestive process itself and by the character of the nourishment. (2.) The rule may be accepted in general that with albuminuria the wants of the system should be supplied rather by frequent small quantities of food than by larger amounts at longer intervals. (3.) Eggs should be forbidden; meat and cheese used sparingly, and of meats preferably veal or poultry; fish is to be recommended; fruit and vegetables are indicated, but the leguminous varieties less so; the use of fat is to be governed by the state of the digestion; spiced, smoked, and salted viands are unsuitable; red wine may be used moderately; beer, spirits, and the heavier wines are to be avoided; a milk diet is extremely useful, but, that it may be sufficiently prolonged, bread or some similar addition should be made. (4.) Saline or alkaline-saline waters, warm or cold, according to the case, are found practically to act favorably, and this probably by effect upon the digestion and composition of the blood, as theoretically they should be a renal irritant; saline baths are useful through their congestive and stimulating effect upon the skin. (5.) Muscular exertion should be very restricted. (6.) An even body-temperature should be sought by clothing, by climate, by retirement to bed if necessary. For clothing, flannel should be worn next the skin; for a climate, a warm and dry one should be selected, free from sudden changes, with a mean temperature from 60° F. to 70° F. (7.) Psychical influences are of great importance in this condition. (8.) With women during menstruation the amount of albumen excreted is always increased, and they should dnring that period be confined strictly to bed. —*Boston Medical and Surgical Journal.*

A TRIAL OF PASTEUR'S CLAIMS IN GERMANY.—The Imperial Board of Health of Germany instituted a series of experiments, under the direction of Dr. Koch, to test the validity of Pasteur's assertions respecting the immunity conferred by his inoculations with mitigated virus, and his theory as to the natural mode of infection. The results of these experiments are now for the first time made public. Pasteur, as is well known, asserts that by cultivating the bacillus in meat broth at a temperature of 42° or 43° C., and freely exposed to the air, its virulence is steadily lessened. To minimize the danger, he advises two successive inoculations,—the first with a very feeble virus, the second with one of greater activity. These directions were strictly followed out, the animals operated on being sheep. Injections of the *premier vaccin* produced little or no constitutional disturbance, but a considerable number of the animals operated on died after inoculation with the *deuxième vaccin*. If the survivors had been now absolutely protected, something would have been gained; but such was not the case, either against artificial or natural modes of infection; for of six sheep which, having already received the *premier* and *deuxième vaccin*, ought to have enjoyed immunity, one died within two days of inoculation with unmitigated virus taken from a case of spontaneous splenic fever. Pasteur has advanced a theory that when the carcasses of animals that have died from any form of anthracosis or have been slaughtered are buried, the bacilli are apt to be brought to the surface by worms along with their casts, and that the bacilli gain access to the circulation of previously healthy cattle through the abrasions of the oral mucous membrane caused by prickly or coarse fodder. This Koch disputes, urging that it is only in the spore-bearing stage that the microphyte is infectious, and that then mere ingestion is sufficient, breaches of surface being quite unnecessary. Soft foods containing bacilli—in fact, potatoes hollowed out and stuffed with the infective matter—were carefully introduced into the throats of the animals. When the matter consisted of bacilli alone, entirely free from spores, no ill effects followed; but on the experiment being repeated with spore-bearing bacilli, whether fresh or such as had been dried for over a year, death invariably followed within two days. To test the protection afforded by the so-called preventive inoculations against natural infection, seven sheep, which had survived or resisted inoculation with pure unmitigated virus, and thus had been thrice "vaccinated," were fed with sporiferous matter in potatoes: two of the seven died of splenic fever on the second day. Dr. Koch therefore asserts that even as regards sheep and cattle the immunity is by no means certain, while none whatever is imparted to rabbits, guinea-pigs, rats, and mice, and man himself may suffer repeatedly from anthracosis. No protection against subsequent infection is afforded by inoculation with the bacilli of erysipelas or relapsing fever, even after the most prolonged cultivation. So that Pasteur has utterly failed on the scanty basis of his partial successes in the case of two diseases—the so-called fowl-cholera and anthracosis—to establish any law of immunity; still less has he made any progress towards realizing his dream of extending its application to the prevention of every infectious disease to which man or beast is heir. His operations are more akin to smallpox-inoculation than to vaccination. They involve the same danger of keeping up the disease by infection of others, without conferring equal security on

the individuals subjected to it. In short, Dr. Koch maintains that, considering the proved uncertainty of such immunity as is imparted, its probably short duration, and the danger to life not only in the case of the animals operated on, but to others, and to the men in contact with them, Pasteur's preventive inoculation cannot, at any rate at present, be deemed of practical and economical value.—*Medical Times and Gazette.*

MISLEADING CARDIAC MURMURS.—Dr. Hamilton Osgood, in a paper read before the Boston Society for Medical Improvement, calls attention to a variety of adventitious sound produced in the cardiac area, which occurred in a subject free from anæmia and from all other evidences of heart-disease. The supposed murmur was distinct, systolic in time, its quality soft, yet suggesting friction, and located in the pulmonary area with but little propagation. The sound completely disappeared during expiration, and abruptly reappeared upon inspiration. His diagnosis was that the bruit was not endocardial, but was due to a spot of pericardial non-inflammatory roughening, probably congenital, and it was therefore pronounced a case of systolic and accidental friction-sound.

In the examination of this case, especial advantage was thought to be derived from auscultation of the heart during collapse of the lungs, as in forced expiration. In this way the heart is comparatively uncovered and its sounds better defined. This method, therefore, is recommended for the detection of the character of the poorly-defined cardiac or blood murmurs.—*Boston Medical and Surgical Journal.*

NEW HYPODERMIC REMEDY FOR SYPHILIS.—Professor Liebreich brought forward, at a recent meeting of the Berlin Medical Society, a new drug for the treatment of syphilis by the subcutaneous method. This drug rejoices in the name of *Hydrargyrum formamidatum*, and is, therefore, merely a different form of the old cure for syphilis. It is supposed that the formamide of mercury, after hypodermic injection, undergoes disintegration, and so the mercury is set free, and is able to exert its well-known power over the lesions of syphilis. The preparation is easily soluble in water, is of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by means of sulphide of potassium. The drug, when injected under the skin, produces its effects very surely and rapidly. This is not regarded as a disadvantage, for the medicine is said to be easily borne, and has never produced salivation in Liebreich's hands. There is very little pain attendant on the injection, which has never excited any inflammation. From a half to a whole of a Pravaz syringeful (a one-per-cent. watery solution) may be injected twice or thrice daily. Liebreich looks on the preparation as the best we yet have for subcutaneous injection.—*Medical Times and Gazette*, January 6, 1883.

PAROXYSMAL HÆMOGLOBINURIA.—According to Boas, paroxysmal hæmoglobinuria is a disease *sui generis*, which must be sharply distinguished from all other kinds of hæmoglobinuria. Each attack is invariably due to cooling of some part of the skin, especially those parts which are most exposed,—hands, feet, nose, or ears. The intensity of the general symptoms and the coloration of the urine are in proportion to the intensity and duration of the chill. The natural paroxysms, and those produced in experiments, are identical in their symptoms. The primary condition in paroxysmal hæmoglobinuria consists in destruction of the red blood-corpuscles and the passage of hæmoglobin into the plasma. The general symptoms are secondary. The cause of the easy destructibility of the corpuscles probably depends upon a diminution in their power of resisting the action of external irritants. The destruction of corpuscles at first occurs only locally in those places which are exposed to cold, and from thence the products of their destruction pass into the blood. The cause of their diminished resisting power is doubtful in the majority of cases. In some it is probably syphilis, and in others malaria, and the treatment, besides being prophylactic, must be directed to the removal of syphilis or malaria when present.—*Deut. Archiv für klin. Med.*, p. 355, vol. xxxii.: *Practitioner.*

ANDROMEDOTOXIN.—In the *Andromeda japonica*, an evergreen plant of Japan, Dr. Plugge has found a poisonous principle: its chemical relations and composition are undetermined as yet. It forms hard, glittering, translucent scales of nearly white color, becoming liquid at 110°-100° C.; it is soluble in ethylic and amylic alcohol, chloroform, acetic acid, dilute solutions of alkalies: acids precipitate it from alkaline solutions. With concentrated hydrochloric acid it forms a greenish-blue liquid which on heating becomes violet red. With a twenty-five-per-cent. solution of phosphoric acid in water, if heated, a bright violet color is produced.

TRANSPLANTATION OF SKIN-FLAPS FROM DISTANT PARTS WITHOUT PEDICLE.—Dr. Wolfe, in a communication to the *Practitioner* (May), lays down the principle that the old Tagliacozzian precept of retaining a pedicle for skin-flaps is based on erroneous observation: the nutrition of the flap does not come through the pedicle, but from the underlying granulations. Success in plastic operations can be obtained with even quite large flaps of skin, provided proper attention be paid to the under surface of the piece transplanted. Dr. Wolfe recommends that every particle of

the subcutaneous areolar tissue should be removed from the lower surface of the flap with the scissors before it is placed upon the granulating surface; it should not be retained by sutures, but should merely have its border tucked under an incision running around it in the tissues below. Pieces of patent lint, wet with warm water, are to be applied, the lowest to remain undisturbed for three days, after which the part may be dressed every day. This operation is applicable to cases of deformity or loss of the skin of the face, and especially of the eyelid. Successful cases are reported in Dr. Wolfe's paper.

A GREEN CANCER OF THE CHOROID.—Dr. Emil Bock recounts, in *Virchow's Archiv*, the case of a tumor of the choroid which contained biliverdin. The growth was found in a man, aged 40 years, who was the subject of cancer of the liver, presumably secondary; foci were detected in many parts of the body,—arachnoid, lungs, and subcutaneous tissues. A plate is given illustrating the characters of the ocular growth, which was composed of polygonal cells with large round nuclei, the streaks and dots of biliverdin-pigment being richly scattered in an intercellular situation.—*Lancet.*

PERFORMANCE OF NEPHRORRHAPHY FOR THE FIRST TIME IN ENGLAND.—We learn with interest that this operation was performed in Glasgow by Dr. David Newman. The patient is a female, who suffered from floating kidney, which Dr. Newman determined to treat by fixation. The kidney was reached from behind, its capsule stitched to the edges of the incision, and several deep button-sutures were passed through the tissues and kidney-substance. The patient has recovered satisfactorily, and is now quite relieved of her former pain.—*Lancet.*

MISCELLANY.

DECADENCE OF HOMŒOPATHY.—As evidencing the decay of homœopathy, the following statistics from the London *Lancet* of April 14; 1883, are interesting:

The "Homœopathic Directory," published by Leath & Ross in 1862, indicates that the system was in its infancy in this country more than half a century ago, having been represented in 1830 by a single practitioner. In its twenty-fourth year (1853), according to the same authority, it had so grown as to be represented by 213 members. In 1862, after nine more years, the same "Directory" shows 218 qualified practitioners; that is, a small increase of five. A few years later the numbers had increased, according to the "Homœopathic Directory," published by Turner, of Fleet Street, in 1866 to 227, in 1867 to 246, in 1868 to 258, in 1869 to 268, and in 1870 to 273, representing a total increase of 55 qualified practitioners in eight years. In the subsequent and most recent decade all substantial increase from the ranks of the profession soon ceases. In 1871 there were 278 practitioners; in 1872, 279; in 1873, 284; in 1874, 279. Then, according to the "Directory" of the Homœopathic Publishing Company, Finsbury-circus, in 1875 there were 269 qualified practitioners; in 1877, 249; in 1878, 268; in 1879, 275; in 1880, 275. Thus there was an increase in the decade counting from 1870 of only two practitioners. Considering the increase of population and the increase in the numbers of the profession generally, the schism had evidently been losing ground during this decade, notwithstanding the establishment of a London School of Homœopathy, founded with the express object of promoting the system among members of the profession, and notwithstanding also, as I have reason to know, the promise held out to students of a lucrative specialty. In 1881 the number of practitioners willing to enter themselves in the "Homœopathic Directory" had actually diminished to 267, and in 1883 the whole number amounted to only 260,—a serious fact for a system which is nothing if not belligerent and increasing.

GOOD ADVICE TO TRAVELLERS.—"I would strongly advise Americans who contemplate travelling upon the continent to be very chary of patronizing physicians recommended by *hotel- or boarding-house-keepers, concierges, porters*, etc., etc., without first having inquired of their consul, or their banker, or some friend, as to the standing of the party recommended, for it not infrequently happens that these parties plot together exclusively as a matter of personal gain, and without any regard whatever for the well-being or interest of those whom they advise.

"It would be well for persons visiting Europe either to obtain the addresses of competent medical men in the various cities they propose visiting before leaving home, or on their arrival to get advice from some reputable person *out of business and above taking a commission;* otherwise they may have a tenth-rate doctor introduced as the 'former physician to the Emperor,' the 'chief of the hospitals,' the 'doctor of the American Legation,' or some other high-sounding but fictitious title, and they may be left in his hands to be robbed, maltreated, and perhaps murdered.

"Travellers, in fact, should *make it a rule to take any other physician than the one proposed* by a landlord or concierge or courier, unless the medical man thus recommended *be* A COMPATRIOT, *or is endorsed by some disinterested person;* and they should *insist* upon having the doctor of their choice—if they have a choice—*really sent for*, taking no excuse for any delay or neglect in regard to the matter.

"There are reliable and *veritable* American

physicians in nearly all of the large cities of Europe, whose addresses can readily be found by consulting the *Directory*, which is in the office of every respectable hotel, or by inquiring at the nearest drug-store."—Dr. C. W. CHANCELLOR, Letter in *Baltimore Day*.

THE DEPOPULATION OF FRANCE is seriously occupying the minds of political economists, and recently a deputy in the Legislative Chamber gave as reasons for the decrease: 1st. Because the people have a dislike to emigrate, the government having done nothing to encourage it. 2d. Because the people are not kept enough in the country, and the taxes are too high. 3d. Because the government does not sufficiently restrain prostitution, and does not encourage marriage among the poor. 4th. Because the consumption of tobacco and absinthe is attaining enormous proportions, so that the race is becoming weakened and stunted in intelligence and physique. In any case the situation is grave. One of the most distinguished of French economists, Beaulieu, said recently, "If the morals do not change in France, in fifteen or twenty years the population will have an excess of deaths over births." A bill offered in the Chamber provides for a decrease in the taxes for every family which has more than four children, and proposes a bounty for every child above four where the parent pays no taxes. It is no doubt true that for the workman or the clerk a large family means misery, according to the present *régime*. Everything is so dear in the large towns that concubinage is preferred to marriage, as the responsibilities are less, since the State provides, when required, for the children that may be born.

THE recent death of Dr. William Farr, C.B., for many years the illustrious head of the Statistical Department of the Registrar-General's Office, has been announced. Dr. Farr, for a large part of his lifetime, held the first position among vital statisticians in England, and, indeed, in Europe.

PROF. WM. E. QUINE has resigned his chair in the Chicago Medical College, and has accepted the chair of Practice of Medicine in the College of Physicians and Surgeons of Chicago.

DR. B. W. RICHARDSON, whose death is announced, is not the famous London physician of that name, but a practitioner and physiologist of Dublin.

NOTES AND QUERIES.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES.

DEAR SIR,—May I ask you to correct a statement made in your last number in reference to a paper read by me at the State Medical Society at Norristown? Your issue reads, "Convallaria is pronounced to be a valuable heart-tonic, slowing, regulating, and strengthening the cardiac contractions, and especially useful in mitral regurgitation." My observations claim for convallaria chiefly, if not solely, a regulating power; by this action it is useful in mitral obstruction when irregularity is a symptom, or in dyspnœa from functional palpitation of the heart

Yours, respectfully,

EDWARD T. BRUEN.

1814 LOCUST STREET, May 23, 1883.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM MAY 12 TO MAY 26, 1883.

CAMPBELL, JOHN, LIEUTENANT-COLONEL AND SURGEON, MEDICAL DIRECTOR DEPARTMENT OF THE SOUTH.—Granted leave of absence for one month, on surgeon's certificate of disability. Paragraph 3, S. O. 50, Department of the South, May 21, 1883.

BURTON, HENRY G., CAPTAIN AND ASSISTANT-SURGEON.—Now awaiting orders at St. Paul, Minnesota; assigned to temporary duty at Fort A. Lincoln, D. T. Paragraph 1, S. O. 83, Department of Dakota, May 15, 1883.

PORTER, J. Y., CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty at Fort Davis, Texas. S. O. 49, Department of Texas, May 14, 1883.

SPENCER, WM. G., CAPTAIN AND ASSISTANT-SURGEON.—Assigned to duty at Fort Hamilton, N. Y. H. Paragraph 2, S. O. 83, Department of the East, May 14, 1883.

GORGAS, W. C., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Granted leave of absence for one month. Paragraph 6, S. O. 51, Department of Texas, May 17, 1883.

HOPKINS, WM. E., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Assigned to temporary duty at Whipple Barracks, A. T. Paragraph 2, S. O. 44, Department of Arizona, May 14, 1883.

MACAULEY, CARTER N. B, FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Assigned to duty at Fort Bennett, D. T. Paragraph 2, S. O. 83, Department of Dakota, May 15, 1883.

MCCREERY, GEORGE, FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—To report for duty to the commanding officer of troops in the field near San Bernardino Springs, A. T. Paragraph 1, S. O. 44, Department of Arizona, May 14, 1883.

RAYMOND, H. J., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Relieved from duty with troops in the field near San Bernardino Springs, A. T., and ordered to return to his proper station,—Fort Apache, A. T. Paragraph 1, S. O. 44, Department of Arizona, May 14, 1883.

WILSON, GEORGE F., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Upon being relieved as Post-Surgeon at Fort Townsend, W. T., assigned to duty at head-quarters Department of the Columbia. Paragraph 2, S. O. 64, Department of the Columbia, May 10, 1883.

WILSON, GEORGE F., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—To report to First-Lieutenant Frederick Schwatka, Third Cavalry, for duty in connection with explorations in the Department of the Columbia. Paragraph 3, S. O. 64, Department of the Columbia, May 10, 1883.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY DURING THE WEEK ENDING MAY 19, 1883.

Surgeon WM. A. CORWIN detached from the Receiving-Ship "Colorado," and granted sick-leave for three months.

P. A. Surgeon M. H. CRAWFORD detached from the United States Steam-ship "Pinta," and ordered to the Navy-Yard, League Island, Pennsylvania.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY DURING THE WEEK ENDING JUNE 2, 1883.

P. A. Surgeon D. O. LEWIS detached from the United States Coast-Survey Steamer "McArthur," and ordered to the Marine Rendezvous, San Francisco, California.

P. A. Surgeon F. C. DALE ordered to the United States Coast-Survey Steamer "McArthur."

Medical Directors J. M. BROWNE and A. L. GIHON ordered as Delegates to the American Medical Association, at Cleveland, Ohio, June 5, 1883.